A School Social Worker in a Pediatrics Clinic? An Integrated Behavioral Health Approach to Education

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Objectives

- Participants will be able to identify ways in which the research team supported parents in this setting so it can be replicated in other clinics
- Participants will be able to identify ways in which the research team supported medical staff in this setting so that it can be replicated in other clinics
- Participants will get an overview of the data and statistics on educational referrals in one pediatrics office for one academic year
- Participants will be able to identify Pros and Cons of the use of School Social Workers in a pediatric setting
- Participants will be able to identify and discuss best practices for providing school social work services in other settings beyond the school



School Social Work Consultation in Pediatric Clinic





Integrated Behavioral Health and Why School Social Work?

- Behaviorally-related physical complaints
- Up to 70% of primary care visits are related to behavioral health needs
- Behavioral health disorders
- 1 in 5 Americans are affected by behavioral health disorders during any given year
- 50% of all behavioral disorders are treated in primary care
- Health behavior issues
- On average, 97% of Americans need to change one or more health behaviors to maintain or regain health





Needs: Use of Psychoeducation Sheets

- Anxiety
- Depression
- Sleep Hygiene
- Feeding and Toileting Needs
- Suicide
- Behavioral Disorders
- School related behavioral issues

- OCD
- Suicide
- PTSD/ Trauma
- ADHD
- Mood Disorders





Clinician Characteristics in IBH Similar to SSW

- Comfortable with clinic pace and treatment culture
- Respectful of cultural differences
- Bi-lingual language skills helpful
- Flexible and adaptable
- Experience working in the public sector

- Adept with Brief Intervention, behavior change, and addiction treatment issues
- Able to provide brief, creative, and effective treatment
- Evidence-based treatment experience
- Prevention & patient education skills
- Experience w/ triage, crisis interventions, & commitment process





School-social work and Integrated Behavioral Health Process

- The process included the following:
 - Behavioral Health consultant reviews contacts for the day and client files
 - PCP works with family, identifies a need
 - Contacts the Behavioral Health Consultant to assist (warm hand-off)
 - Screening and Rapid Assessments Conducted
 - Psychoeducation about need/ Psycho social needs addressed
 - Tip Sheets Provided OR Direct Intervention provided
 - Referred out if indicated (Resource Directory Provided and direct contact)
 - Some services offered in the clinic (biblio-therapy, individual, and small groups)
 - Follow up via phone contact (re-screen) or in next check up in clinic
 - Monitoring progress over time





Services Provided at the clinic

- Resource Directory Provided (zip codes)
- Biblio-therapy Parent Curriculum Provided to enhance Reach-Out and Read program (10 provided for this year)
- Assessment tools for practice identified and implemented
- Psycho-educational Tip Sheets Created for Clinic (12 topics)
- Psychosocial needs assessed in sessions and clients Linked to services
- Advocacy work in clinic around educational rights,, processes, and needs
- Direct Service options (individual and group offered)
- Training to Staff on Mental Health Supports and Interventions (ACEs, QPR, biblio-therapy, etc.)
- Outreach and training to other departments in the hospital to expand knowledge





Additional Supports offered to the clinic

- Staff trained in Bibliotherapy as a SEL technique in early child care
- Assisted the staff with determining Rapid Assessment Instruments (RAIs) to use in the clinic
- Created Psychoeducational "Tip Sheets" for caregivers on multiple topics
- A Integrated Behavioral Health in Pediatrics Support Manual is being developed to support continuation of the clinic work, and as a resources for other pediatrics practices interested in implementing IMHC and IBH (will include assessments, interventions, etc).
- Staff Trained in TN Building Stronger Brains ACEs Initiative
- Staff trained in QPR- Suicide Prevention Programming
- Clinic was provided Caregiver SEL Bibliotherapy Curriculum for over 20 books, we wrote new curriculum to support the Reach-Out-and-Read program and books supplied by Dr. Yaun's offices





Follow up and Monitoring

- Use the Connected System ENGAGE datasystem to document each encounter and visit
- Re-assess using the same measures used at baseline (you should have a baseline, mid, and post on all client contacts)
- We can also surveyed the caregivers that utilize the IMHC/ IBH services on their perspective and whether they like the service (a simple "on a 0-10 scale 0 being not at all and 10 being very helpful, how would you rate these services provided to you today?" and put this in the spreadsheet also as a social validity measure with each client you serve





Assessment Process





Rapid Assessments

- Rapid assessments are used to identify the need, level, intensity, and service delivery needed to support the individual
- Samples provided
- It is also a way to track progress
- Objectives
 - Determine what is associated with patient's problem
 - Determine what could change in order to decrease symptoms or improve functioning
 - Assess patient's motivation for change
- Actions
 - Gather information on symptoms, thoughts, emotions, behaviors, family, friends, & environment





Psychoeducation and Tip Sheets





Sleeping Behaviors for Children

"By the age of two, most children have spent more time asleep than awake and overall, a child will spend 40 percent of their childhood asleep. Sleep is especially important for children as it directly impacts mental and physical development." – Sleep for Kids

Sleep is incredibly important for the healthy growth and development of children and adolescents. Sleeping behaviors and patterns are different from different ages: newborns must sleep much more than school age children, and school age children must sleep more than adults. Sleep for Kids, a Service of the National Sleep Foundation, provides helpful information on the habits of sleep for children based on age and developmental stage shown below.

Newborns (1-2 months old)

Newborns must get between 10.5 to 18 hours of sleep per day. Newborns have not been able to develop a sleep cycle yet, which is why they often sleep and wake up at many different times throughout the day. When sleeping, newborns are often very active, and it is normal for they to twitch their limbs, make facial expressions, and move. Newborns have to learn how to sleep at night and stay awake in the day time, so it is encouraged to try to get newborns used to play during the day and be quieter and more relaxed at night. Some other sleep tips for newborns include:

- · Observe baby's sleep patterns and identify signs of
- · Put baby in the crib when drowsy, not asleep.
- · Place baby to sleep on his/her back with face and head clear of blankets and other soft items. Encourage nighttime sleep.

Infants (3-11 months old)

Infants will begin to need less sleep than newborns, about 9-12 hours per night with daytime naps, and while many infants can sleep through the night by 6 months, 70-80% will do so by 9 months. To help infants learn how to help themselves get back to sleep, one method is to put infants to bed when tired but not fully asleep. This way, infants can learn how to fall asleep on their own, rather than with a lot of help from their parents, so they know how to fall back asleep if they wake up in the middle of the night. Other tips include:

- · Develop regular daytime and bedtime schedules.
- Create a consistent and enjoyable bedtime routine.
- · Establish a regular "sleep friendly" environment. . Encourage baby to fall asleep independently and to become a "self-soother.









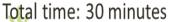






Length of Brief Encounter in IBH model

- Introduce behavioral health consultation service (1-2 min.)
- Assess
 - Identify/clarify consultation problem (1 min.)
 - Conduct functional assessment (12-15 minutes)
- Advise
 - Summarize understanding of the problem (1-2 min.)
 - List possible change-plan options (1-2 min.) or begin Motivational Interviewing
- Agree
 - Engage the patient in determining a course of action, if any
- Assist
 - Start a change plan (10 min.)
- Arrange
 - Determine and discuss next steps; communicate plan to healthcare team







Social Emotional Learning Activities





Reach Out and Read

- Reach Out and Read is a nonprofit organization that gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together.
- http://www.reachoutandread.org/join-us/start-a-program/





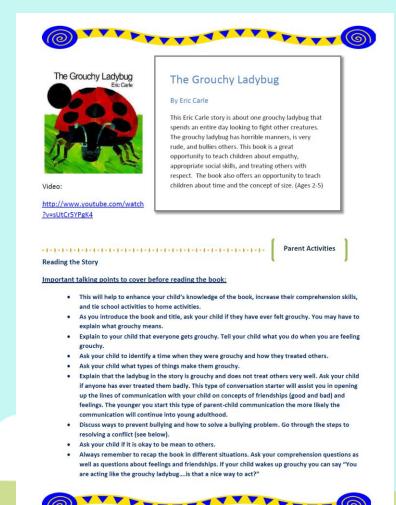
Brief Interventions and Bibliotherapy

- Brief intervention includes psychoeducation and specific behavior management techniques.
- It is brief, and usually only lasts 1-3 visits (and these visits can be provided in clinic or follow up over the phone also)
- Bibliotherapy can be used to enhance serve and return interactions for caregivers and children 5 and under.
- We will script more parent tip sheets too as part of our service with Reach out and Read Program
- See sample Bibliotherapy





Bibiotherapy Sample







Who does IBH serve in the clinic?

Multi-systemic Programming





School Social Workers Supporting Medical Staff

- Training and Consultation
- Building healthy relationships and supportive environment
- Linking to services and networking
- Education and Professional Development
- Experience in the field of education and mental health
- Linking the medical providers to the school district
- Relief from Mental and behavioral health needs in clinic
- Providing supports for assessment, screening, mental health diagnosis, and follow up





School Social Workers Supporting Teachers

- Connecting the interventions and needs
- Ensuring the appropriate processes and avenues for educational assessment are being used
- Consultation
- Training and professional development
- Connecting and bridging the gap in service delivery
- Supportive interventions and practices are provided to enhance social and emotional learning in the classroom environment





Teacher Supports- Bibliotherapy



School Social Workers Supporting the Student

- Direct assessment and screening
- Follow up supports
- Advocating in the school and supporting child through advocacy
- Direct intervention in the IBH clinic
- Prescriptive brief interventions (behavior management/ modification processes) and follow up
- Group-based supports at the clinic
- Referral as needed
- Parent child interventions and supports (enhancing parent child bond)





School Social Workers Supporting the Parents

- Training and Psychoeducation (Tip Sheets)
- Enhancing parent and child interactions through Prescriptive Parent Play Activities and Bibliotherapy Activities
- Assessment, observation, and brief interventions
- Follow up and maintenance programming
- Developing healthy connections and utilizing our cultural competence
- Assist with meeting all needs
- Connecting and linking services
- Advocating for educational rights and understanding of their rights
- Consultation and interventions





Prescriptive Parent Play & Bibliotherapy







Outcomes



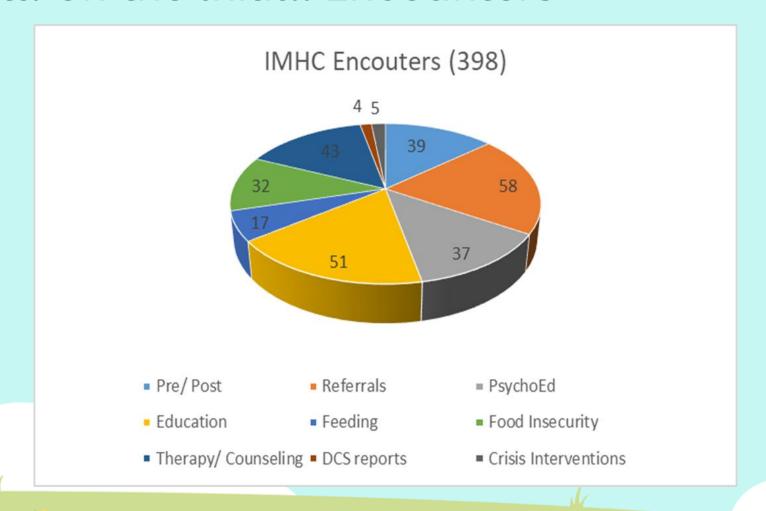
Number of Children, Families, and Caregivers Served at the Clinic

- One Pediatric Clinic 2017-2018 and 3 Clinics in 2018-2019
- Dr. Yaun's Out Patient Pediatric Clinic
- 38 Medical Staff Supported at the clinic in 2017-2018; over 100 Medical Staff Supported in 2018-2019 year
- 398 encounters (child and family) at the clinic within 5 months; total 1000 contacts since August 2017
- Zip Codes Supports: 38106, 38109, and 38112





Data on the Initial Encounters







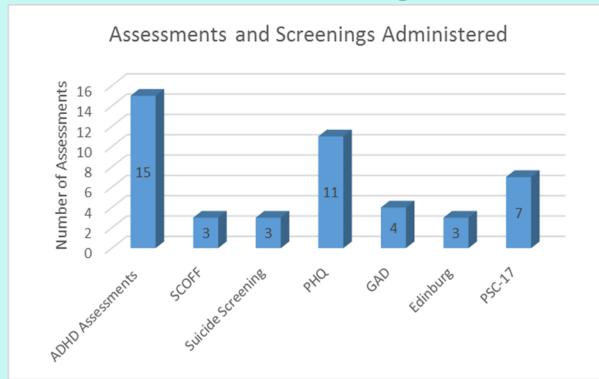
Results of Clinic Work

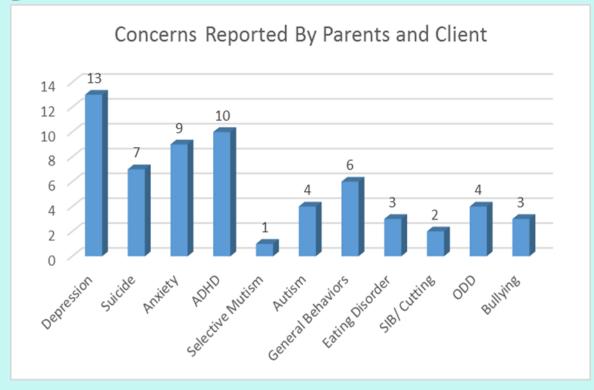
- Initially 56 Assessments were tracked through Pre test and pending Post assessments on data gathered in the initial clinic visit
- Staff and doctor feedback about the integrated care was positive
- Improvements noted in many of the cases tracked through Pre and Post assessment (still in analysis phase)
- A Integrated Behavioral Health in Pediatrics Support Manual is being developed to support continuation of the clinic work, and as a resources for other pediatrics practices interested in implementing IBH (will include assessments, interventions, etc).





Assessing Clinic Progress









Parent Perspective of Model of Care

Q1 - I liked the Integrated Behavioral Health (IBH) model used in the clinic today? 0= NO, I did not like the IBH model; 10= YES, I liked the IBH model A LOT!!!

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	I liked the Integrated Behaviora I Health (IBH) model used in the clinic today? 0= NO, I did not like the IBH model; 10= YES, I liked the IBH model A LOT!!!	6.00	10.00	9.56	1.00	1.00	16





Parent Perspective

Q2 - My behavioral health consultant was helpful during my visit. 0= NO, not at all; 10= YES, very much.

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	My behaviora I health consultan t was helpful during my visit. 0= NO, not at all; 10= YES, very much.	8.00	10.00	9.75	0.66	0.44	16





Parent Perspective

Q3 - I would like to use the IBH services again in the future. 0= NO, I do not want to use this service again, 10= YES, I would like to use this service again.

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	I would like to use the IBH services again in the future. 0= NO, I do not want to use this service again, 10= YES, I would like to use this service	5.00	10.00	9.13	1.49	2.23	16





Pros and Cons of School Social Work within an IBH

Pros

- Direct Service at the clinic breaks down barriers to services
- Educating medical staff on educational needs (larger impact)
- Providing parent educational rights and advocacy
- Less stigma
- Better follow up with caregivers

Cons

- New model of practice
- Funding...
- Expanding services offered by SSW
- More SSW needed





Future Directions

- Shelby County Schools has 4 regional family medical clinics (embedded into the school)
- We will expand out reach into these 4 family medical clinics to enhance this work
- More parent consultation and advocacy on educational rights
- Expand direct practice/ mental and behavioral health services in the regional clinics (Therapeutic Book Clubs, PCIT, teacher and educational outreach and supports, and individual therapy and services)
- Expand the Reach out and Read Program to more clinics
- Expand the Prescriptive Parent Play activities/ including developmentally appropriate toys with books
- Develop Trauma Supportive Cityscape





Think-Pair- Share

What are some concerns you have about IBH and SSW integration?

• What other locations can school social work service delivery be provided in your community?

Do you know of other programs doing similar work in your area?





References

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Questions?

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