Child and Adolescent Psychiatry Portal (CAPP)

UCSF Benioff Children's Hospitals

Volume 1, Issue 1 March 2020

Coping with Covid-19

Website: Our website (**link here)** is now live, and we will continue to update and publish helpful resources and information on the webpage

Pictured from left to right: Lauren Schumacher, MD, Chuan-Mei Lee MD, Petra Steinbuchel, MD, Michelle Riederer MD, Regina Graham, MD, Ho-Hui Wang MD

So much has evolved, even in the past week, as we are all experiencing the current, and anticipated, impact of COVID-19 in our professional and personal lives. Almost overnight, our routines have changed, and we are all creatively trying to develop and implement new workflows in the context of rapidly evolving needs and regulations. With us all feeling our way into a "new normal" for some yet-to-be-determined length of time, the increased stress has generated palpable anxiety for us all. Alongside this too, for many there seems to also be a slowing down, and an increased leaning into relationships, with creative ways of fostering and deepening social connection in the face of physical "social" distancing.

Amidst the current extraordinary challenges and widespread impact of COVID-19, for practices currently enrolled in CAPP, we remain open for consultation to primary care providers Monday – Friday, 8:30-5pm. For those of you who would like to enroll, please contact Nathan.Phillip@UCSF.edu.

Our newsletters will be published monthly, and will include important program updates, as well as clinical cases to illustrate teaching points. This month we also feature tips for parents and providers in the context of COVID-19 (see below).

Program updates:

Our People: March is **Women's History month**, and we would like to whole-heartedly honor all of the **women in medicine** both current and past who have laid the foundation and helped shape the field into what it is today, including the many who are making tremendous contributions on the frontlines, and behind the scenes, at this very moment.

With this, our team is delighted to welcome our newest member, **Dr. Jeein Yoon, MD**, who comes to us most recently from St. Christopher's Hospital in Philadelphia. She is **triple-boarded**, having completed her pediatrics residency at Cleveland Clinic Children's Hospital, and her adult general psychiatry, as well as child and adolescent psychiatry training, at Children's Hospital of Philadelphia.

Training: We have also been planning a very special experiential training on **Adverse Childhood Experiences** and **Trauma-Informed Pediatric Care**, initially scheduled for May 2020. At this time we are actively seeking your input on alternatives, including postponing all or some of the training, or offering a shorter webinar format on Trauma-Informed Care in response to the current crisis. We would very much welcome your brief signal of preferences here: https://ucsf.co1.qualtrics.com/jfe/form/SV_50i6zjiBrJP7Sa9

We need your input! In an effort to capture the needs for mental health consultation in pediatric primary care, we will be hosting a series of focus groups. Each clinician participant will receive a $50 Amazon gift card in appreciation. This is part of a UCSF Benioff Children's Hospital Oakland IRB-approved study on the barriers and facilitators to obtaining mental health consultation in primary care. Your input will directly help us improve our remote mental health consultation program at UCSF Benioff Children's Hospitals. If you would like to participate or find out more information, please contact Nate Phillip at Nathan.Phillip@ucsf.edu

CAPP Consultation Example

"Should I consider a medication?"

Dr. Rhew called our Child & Adolescent Psychiatry Portal (CPAP) with the consultation question:

"I am seeing a 16 year-old female likely with depression and anxiety with persistent symptoms despite treatment with therapy, and wondering whether I should consider a medication?"

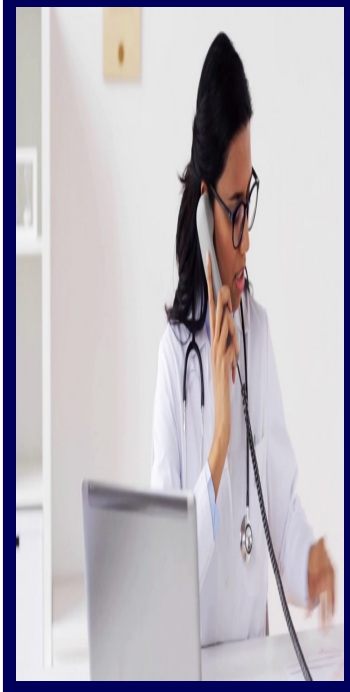
KT is a 16 year-old female with a history of major depressive disorder and generalized anxiety who had been working with a therapist for several months.

She complains of ongoing depressive symptoms including feeling tearful, with difficulty falling and staying asleep, low appetite but no weight loss.

She says she frequently feels anxious and shaky, and she said that her therapist had recommended that her parents and she talk with her doctor about possible medication.

Continues to have depressive sx -tearful, changes in sleep, decreased appetite. PHQ-9: 19. No weight loss. Frequently feels anxious and shaky.

Therapist had suggested family talk with doctor about antidepressants.



In conceptualizing the answer to the consultation question, Dr. Rhew and the child psychiatrist consultant reviewed the case from the ***Five S's framework (Safety, Specific Behaviors, Setting, Scary Things, and Screening/Services)***,[1] which is a tool that can help primary care providers and child psychiatrists communicate and collaborate to

1. Safety: KT denied feeling suicidal, and she denied any recent or remote self-injurious behavior like cutting.
2. Specific Behaviors: KT had stopped playing soccer, which she used to love. Her usually good grades had been dropping for several months, and, when asked, she would say she is just "too overwhelmed" and can't concentrate on anything. She said she sometimes feels increased anxiety, including racing heart, shortness of breath, feeling dizzy, sweaty, and sick to her stomach, especially just before, and sometimes during a test. So sometimes on test days she had started staying home from school.
3. Setting: KT is experiencing these symptoms both at home and at school, with more anxiety at school, and more sadness, "feeling bored" and disinterest at home.
4. Scary Things: Her ACEs score was 2, with her mother having experienced significant anxiety and depression while she was growing up, and now her parents were in the process of separating. She denied any overt abuse or bullying.
5. Screening/Services: She already has a therapist in place whom she trusts and sees regularly. Her PHQ-9-2 score was 19,[2] and her GAD-7-3 score was 16.[3]

[1] Harrison, J., Wasserman, K., Steinberg, J., Platt, R., Coble, K., & Bower, K. (2016). The Five S's: A Communication Tool for Child Psychiatric Access Projects. Current problems in pediatric and adolescent health care, 46(12), 411–419. doi:10.1016/j.cppeds.2016.11.006

[2] The PHQ-9 is the depression module, which scores each of the nine DSM-IV criteria as "0" (not at all) to "3" (nearly every day). It has been validated for use in primary care. It is not a screening tool for depression but it is used to monitor the severity of depression and response to treatment

[3] The Generalized Anxiety Disorder (GAD-7) questionnaire is a seven-item, self-report anxiety questionnaire designed to assess the patient's health status during the previous 2 weeks.

CAPP Consultation Example (continued)

Discussion:

Dee is experiencing panic attacks in response to feeling threatened at school, and she is avoiding school as a result. She is much more vulnerable to feeling anxiety because of her previous traumas, and her mother, may likely have significant anxiety as well.

Recommendations:

- Discussed providing psychoeducation on depression and anxiety, including discussion of sleep hygiene, and the role of nutrition and exercise, and validation about the difficulty of her parents' separation
- Dr. Rhew and CAPP consultant agreed that it could be beneficial to start a medication for her mood. Reviewed both what was covered by insurance (fluoxetine and sertraline), and medications **FDA-approved** for use in **adolescent depression** (**fluoxetine age 8+,** and **escitalopram age 13+**), as well as concerns for possible reduced adherence, given the family's history of intermittent adherence with asthma medication. In light of this, fluoxetine was recommended, given that the long half-life of 1 week prevents any withdrawal symptoms, even in the case of missing a dose. Discussed starting 10mg, daily, with food (to help prevent the common side effect of nausea), and reviewed the best practice for discussing anticipated benefits, possible side effects, risks and alternatives with the parents, including consent for the medication, with the most likely time for side effects being within the first 3 months of treatment, and with dose adjustments. Follow up is in 1 -2 weeks, with increase to 20mg if no side effects, and routine follow up with periodic **PHQ-9** and **GAD-7** screening, and treatment to target reduced scores for these scales. The upper limit of fluoxetine is 80mg daily, but most persons find therapeutic benefit at a range of 10-40mg, with possible affective flattening at higher doses. The PCP is welcome to **call back** at any point to discuss next steps in follow up.
- Dr. Rhew and the CAPP consultant also discussed that if her grades are continuing to decline in one month, that the parent could request a **Student Study Team (SST)** assessment, to see if she would qualify for an IEP or 504 plan, and that this should be discussed first with her therapist.

Supporting families during COVID-19

COVID-19 Tips for Supporting Families and Caregivers

So much has evolved, even in the past week, as we are all experiencing the current, and anticipated, impact of COVID-19 in our professional and personal lives. Almost overnight, our routines have changed, and we are all creatively trying to develop and implement new workflows in the context of rapidly evolving needs and regulations. With us all feeling our way into a "new normal" for some yetto-be-determined length of time, the increased stress has generated palpable anxiety for us all. Alongside this too, for many there seems to also be a slowing down, and an increased leaning into relationships. We are finding creative ways of fostering and deepening social connection in the face of physical, "social" distancing.

Supporting families during COVID-19

The COVID-19 pandemic has presented extraordinary challenges for our providers, our patients and families, and more broadly, our communities, nation and world. It has generated tremendous anxiety, fear and uncertainty. As caregivers, we are faced with the need to manage our own and our community's anxiety, and also address the heightened needs of our patients and their families. Schools and colleges have closed, including day programming for children, adolescents and adults with autism. Many parents are trying juggle working from home while overnight coordinating childcare and educational activities for their children and teens. Some parents are simply not able to work, and may not even have internet access, leaving them without any virtual connections to classrooms or visible social support networks.

Tips for Parents on COVID-19

Generally speaking,

1. **Care for yourself, and help your children do the same.** Adequate **sleep, nutrition**, and **movement** are great ways to boost immunity, and decrease stress, along with **connecting with others**. Outdoor time in particular can help offset the limitations of "shelter in place." Family meals, especially dinner, can offer both physical and emotional nourishment. Enlisting support with these and other household maintenance tasks can help everyone feel like they are contributing. Limiting your media exposure to specific times, ideally well before bedtime, can also be helpful.
2. **Check yourself first.** Recognize your own anxiety, and then "**name it to tame it."** [1] Verbalizing your own fears to yourself or another trusted adult will help prevent you from unintentionally passing along your anxiety to your child. Let your own worries be yours, and leave space for your child, who may or may not share in your worry, and who may or may not have worries of their own. Most children and teens are very **resilient**, and do not have significant anxiety at this time.
3. **Be honest and open with children,** with language and explanations that are appropriate to their age and level of understanding. Being honest may also mean saying **"I don't know."** and that is ok. Honesty helps children to feel **safe.**
4. **Consider your child's temperament and developmental level.** Introverted children may welcome the relative quiet of staying home more, while extraverted children may feel a much stronger urge to socialize. Very sensitive children may be more vulnerable to worry, and to take on the worries of those around them. Some children and teens feel better when they have "all the information," while some get overwhelmed with "too many words." Children who have experienced significant hardship in the past, or who already have significant anxiety, may be more vulnerable to current stress.
5. **Validate feelings**. Some children (and adults) may have big feelings about COVID-19. Take time to check-in with children about their feelings, and acknowledge these feelings by reflecting them back to the child in their own words, in a way that shows you have listened to and understood them.
6. **Focus on what you can do:** This includes not only hand-washing and sneezing into a tissue or elbow, but also might include leaving groceries for or sending cards to those who can't go out. Focusing on what you can do helps to decrease the stress.

[1] Daniel Siegel MD

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7. **Be gentle with yourself and others.** Everyone is under a lot of stress. Young children may have more tantrums, older children may be more whiny and act younger, and teens and adults may be much more irritable. Having **empathy** for the "why," rather than reacting to the "what," is crucial.

Young Children: Children under 7 thrive on predictability, closeness to caregivers, and clear expectations. They express themselves through play and art, and their attention shifts rapidly. For children under 7,

1. **Be curious and ready to answer questions.** Children at this age may fear that anyone infected with corona virus will become very ill or die (in reality this risk is relatively low, especially in younger persons). They may wonder if school closing, or not seeing their friends, is their fault, due to a tendency towards "magical thinking" at this age. They need you to explain that this is caused by germs, and that closing school is a way of helping others by preventing the spread of germs. You may also reassure them that there are many people, including postal and grocery workers, garbage truck drivers, doctors, nurses, scientists, teachers, and political and religious leaders who are working hard to help others during this time.
2. **Routine, routine, routine.** COVID-19 has caused school and child-care closures and other disruptions. Creating a new routine at home can be reassuring and help children know what to expect in the midst of a lot of uncertainty.
3. **Limit exposure to media and alarming conversations amongst adults.** Young children will feel the tone, and any associated anxiety, but may be confused by the language, which may create even more anxiety.

School Age Children: Children in this age group may really appreciate being with parents and caregivers more, while still missing their friends and routine activities.

1. **Set clear expectations.** As with younger children, routine is best. Let them know what the schedule is for school, including breaks, but be prepared to be somewhat flexible when needs change.
2. **2. Social distancing does not mean social isolation.** It's important to find ways to check in with friends and family regularly, whether that means calling or video-chatting.

Adolescents: This age group seems to be struggling more right now, which is understandable when one considers what is developmentally expected at this age. Teens are in the process of trying to "separate and individuate" from their parents, which means spending much more time with friends than parents. They tend to take more risks, and they want autonomy, even if it means going against their parents', or even government's expectations. Their reasoning may be based more on emotion than logic, and they may not feel much worry about catching or spreading COVID-19.

1. **Be honest:** Finding time to watch some reliably sourced media updates together may be helpful in for teens. This creates time together, and lets the source of information, and the stated limits on behavior, come from a source other than you, which may help reduce conflict. Teens may need more information at this age, in order to fully understand the risks. Afterwards you may be able to discuss any questions that they may have.
2. **Set clear expectations.** It's ok to have expectations for teens to join the family at mealtimes, and to ensure adequate sleep, as well as minimums for academic work and contributions to maintaining your home.
3. **Recognize need for physical and emotional space.** This need may be much stronger than for younger children, and may be increased because teens don't have their usual time away from family while in school and other activities.
4. **Connect before you redirect**[2]. Because teens value autonomy so much, It's important to connect, and to validate their emotions and ideas. This may include wanting to hang out with friends, sadness about not getting to see some friends before departing for college, or being upset about not being able to get a haircut. You may also need to validate how hard it is that not all parents are enforcing social distancing in the

[2]Daniel Siegel MD

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5. **Invite their input into problem solving.**[3] This helps support their need for autonomy, and helps them "buy into" a shared solution. You don't need to accept their proposed solution completely, and you can still add in your expectations and limits, but working together towards a solution really helps a teen feel heard, validated, and valued. It also helps them buy into things much better than a top-down, directive approach.

Resources:

UCSF's Department of Psychiatry has collected a number of valuable resources, including mental health & wellness apps, coping, resources for clinical anxiety & mental health issues, and practical resources for low-income and other groups:

psychiatry.ucsf.edu/coronavirus

Additional resources that may be helpful:

National Child Traumatic Stress Network: https://www.nctsn.org/sites/default/files/resources/factsheet/outbreak_factsheet_1.pdf

CDC: https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stressanxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019- ncov%2Fabout%2Fcoping.html

SAMHSA Talking with Children: Tips for Caregivers, parents, and teachers during infectious disease outbreaks: https://store.samhsa.gov/product/Talking-With-Children-Tips-for-Caregivers-Parents-and-Teachers-During-Infectious-Disease-Outbreaks/PEP20-01-01-006

Tips for healthcare providers on self-care

1. Work in teams, limit amount of time working alone
2. Limit work hours to no longer than 12 hours, and take scheduled breaks
3. Stay in contact with family, friends, teammates and maintain social network in safe platform
4. Maintain healthy diet and get adequate sleep and exercise
5. Continue with normal routines, utilize stress management strategies such as normal leisure activities, meditation, spirituality etc.
6. Ask for help if you need it. It is ok to say no and set boundaries.

Stress prevention and management is key in disaster response and emergency management. Taking action to prevent and reduce stress is a critical element in supporting our patients and families during a crisis.

- SAMHSA Tips for Disaster Responder: Preventing and managing stress

  https://store.samhsa.gov/product/Preventing-and-Managing-Stress/SMA14-4873

[3]Stuart Ablon MD