

**Never worry alone. Call VTCPAP with clinical or resource questions!  
802-488-5342**

Want to feel well prepared for all the most common but also complex mental health challenges? Consider the upcoming **REACH PPP training** that is sponsored by VTCPAP through the Four Pines Fund. Click [here](#) to reserve a spot.

- Tons of CMEs
- 3-day general training (January 26-28<sup>th</sup> Fri afternoon, Saturday day, Sunday morning—all virtual).
- 6 months of follow up phone calls to run cases related to quality improvement training with friendly REACH facilitators.

We ask that the follow up project focus on a **broad aspect of suicide prevention** that is important to you and your practice. Examples:

- LGBTQIA+ and/or BIPOC care
- Emotional support for patients with ASD
- Caring Contacts implementation
- Another broad aspect of suicide prevention important to you!

Here is the best [link](#) for folks to find more information.

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***ADHD and Toxic Stress - Session 1 (Oct 12) - Summary of Chat Responses and Resources:***

- **What is Disinhibited Social Engagement Disorder? How is it different from ADHD-Combined Type? Differentiate from autism and Social Pragmatic Communication Disorder.**
  - That diagnosis sort of emerged out of the data around children in orphanages who didn't receive any significant social caring interaction - like the Romanian orphans from the Bucharest Early Intervention Project.
  - Relative to Autism - there's more social interest but it's inappropriate interest - walking away with strangers or trying to hug everyone they meet (in the context of this severe early childhood neglect).
  - Relative to ADHD - it is social impulsivity but not necessarily other forms of impulsivity - this can be difficult to distinguish without the context.
  - DSED is quite rare compared to the two of these.
- **Does EMDR have a place in peds?**
  - EMDR—eye movement desensitization and reprocessing—there is a lot of literature showing that this is an effective therapy modality for adults to efficiently reprocess a specific trauma memory, to help that memory become more like a regular memory so they don't feel like they're reliving the trauma each time they recall it. For people who have been through neglect or multiple childhood traumas, this type of therapy can sometimes be destabilizing.

- There are many EMDR clinicians who use it with youth - though I believe most clinicians use in ages which skew a bit more towards older tweens and teenagers.

***ADHD and Toxic Stress - Session 2 (Nov 9) - Summary of Chat Responses and Resources:***

- [CATS trauma screener](#)
- [Questionnaire to assess strengths](#)
- **ASD Screeners:**
  - [CAST](#) autism screen for ages 4-11y if needed as a first step.
  - If behaviors are occurring in school in a way which impacts learning, help a family request a functional behavioral analysis (FBA)
  - [Vermont Family Network's Functional Behavioral Assessment for ASD fact sheet](#)
- **Fear of physical exam:**
  - Have visit where only a stuffy is examined; have child help with exams
  - Clear step-by-step explicit explanation of exam to child, e.g. I'm going to listen to your heart and then you can do it too.... and then we will check your belly.... and then we pick you a sticker.
  - See the child outside.
  - If it's going really poorly in the room, you can see if the child would rather have you ask questions over the computer and/or onto mom's phone from the next room.
  - One might write up a social story with photographs about going to your office to use prior to a visit. You can share this with kids who are really wound up by going to your office.
  - Vermont Family Network:
    - [Social Story PDF](#)
    - [Confident Care for Kids](#)—to help make vaccine visits less stressful
- **NKHS does have a [JOBS program](#)**
- **Bubble packs** for meds could be helpful for patients who have a risk of OD (e.g. one week at a time) or a hard time remembering to take medication.
- **Residential/housing resources for young adults:**
  - There is a mix of short and longer term group housing options for “transition age youth” in Burlington and greater Vermont. The types of housing and criteria to live there depend on what population they serve. They include housing for “homeless youth”, “youth previously in DCF custody”, “youth with substance use issues”, “youth with mental health issues” and “youth with developmental disabilities”.
  - In order for youth (with VT Medicaid, those with private insurance go through their insurance company) to access specialized, mental health residential programs, they need to go through the [Designated Agency](#) in their area, engage in the Coordinated Service Planning process, and meet certain high-level criteria. DMH then approves and seeks out appropriate residential programs. Below are some examples of such programs. Given the scarcity in VT, many VT youth end up referred to out-of-state programs.

- [Group Residential Programs & Housing | NFI VT \(nfivermont.org\)](#)
    - [Residential programs for youth, young adults, adults - Howard Center](#)
    - Vermont also has some private options which cost several hundred dollars a day, for example: [Spruce Mountain Inn - Residential Treatment For Young Adults](#)
  - Examples of supportive housing resources and programs; these are not residential treatment programs.
    - [Vermont Coalition of Runaway & Homeless Youth Programs - VCRHYP](#)
    - [Spectrum Supportive Housing](#)
- **DC:0–5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Version 2.0:** a diagnostic manual to help more appropriately diagnose young children than using the DSM. As providers, we know that babies, toddlers, and preschoolers can have mental health problems and developmental disorders that impact their emotional well-being, relationships, learning, and even physical health. The DC:0-5 retains the multiaxial system which helps capture some of those complicated contexts which affect how to both diagnose and treatment plan for kids age 5 and below and their families. Medical providers who are aware of this tool as a diagnosis can help the system work to address these patients' needs earlier.
  - [DC:0-5 Manual and Training \(Zero to Three website\)](#)
  - [Why Providers might want DC:0-5 training \(from Washington Association of Infant Mental Health\)](#)