UVM Project ECHO School Nurses: Mental Health in the School Setting

March 10, 2022

Course Co-Directors: Michael Hoffnung, DO
Katherine Mariani, MD, MPH

ECHO Director: Elizabeth Cote

Series Faculty: Margaret Spottswood, MD
Rebecca Ruid, PhD
Haley McGowan, DO
Yasmeen Abdul-Karim, MD
Stephanie Fosbenner, MD
Cynthia LaRiviere, PhD
Liz Manz, RN
Kaitlyn Kodzis, MSN, BSN, RN
Allison Conyers, MSN, RN, NCSN

The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

Project ECHO®
University of Vermont

- RECORDING OF SESSION TO BEGIN

Agenda

- Introductions
- Objectives
- Didactic Presentation (~20-30 min)
- Case presentation
  - Clarifying questions
  - Participants – then faculty panel
- Discussion
- Recommendations
- Summary
- Closing Announcements
  - Submission of new cases
  - Completion of evaluations

Series Objectives

Learning objectives for this ECHO series include the ability to:

- Apply wellness and self-care techniques to personal and professional life.
- Describe best practices in managing anxiety, psychiatric emergencies, oppositionality and disruptive behaviors, and eating disorders.
- Identify ways to apply strategies learned about caring for mental health in the school setting to school nursing practice.
- Use the resources available in your community in school nursing practice.

CME Disclosures

University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVM designates this internet live activity for a maximum of 1.5 AMA PRA Category 1 Credits.

UVM CMIE is accredited by the American Nurses Credentialing Center (ANCC) to provide CE for the healthcare team. This program has been reviewed and is acceptable for up to 1.5 Nursing Contact Hours.

Participants should claim only the credit commensurate with the extent of their participation in the activity.

CME Disclosures

Interest Disclosures: As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

Meeting Disclaimer: Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.

The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

Project ECHO® University of Vermont

Addressing the non-compliant child: oppositionality and disruptive behavior for school nurses

Presenters

Rebecca Ruid, PhD
Psychologist
University of Vermont Medical Center

Greta Spottswood, MD, MPH
Child Psychiatrist
Community Health Centers of Burlington

We have no conflicts to disclose.

The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

Project ECHO®
University of Vermont

Learning Objectives: non-compliance

1) Behavior type and epidemiology
2) Approach
3) Evidence based treatments
    - Therapeutic
    - Medical
4) Medical care referral sources

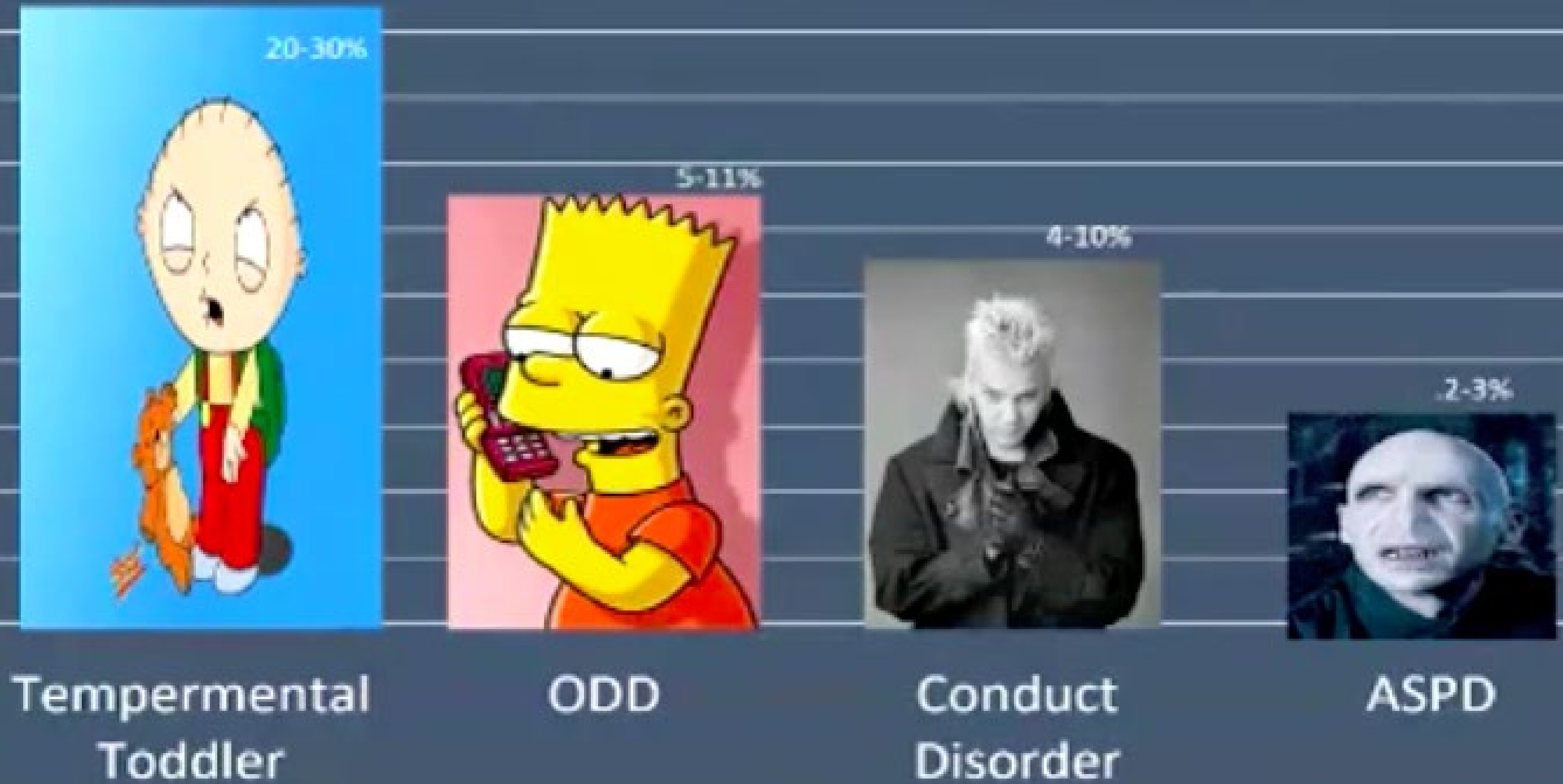
Learning Objectives: non-compliance

1) **Behavior type and epidemiology**
2) Approach
3) Evidence based treatments
   - Therapeutic
   - Medical
4) Medical care referral sources

School nurse alerted by...

1. **School staff:** direct/indirect
2. **Parent report:** if <60% child compliance, parent avoids, expresses fear/contempt, doesn't like friends, child lacks responsibility for actions
3. **IEP/504 meetings:** dependent on school

Urgent Intervention Needed…



The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

Craig 2020

Project ECHO
University of Vermont

Epidemiology

- ★ 17% age 2-5y present with externalizing behavior
- ★ <8y primary MH presentation to PCP is disruptive/aggressive/defiant
- ★ 12% (4-16 year olds)--psychosocial dysfunction +/- ADHD, ODD/CD, ASD
- ★ Subclinical disruptive behaviors
  - ➔ Overlap
  - ➔ Increased risk of later dx

Craig 2020, Qi and Kaiser 2003, Lavigne 1996, Gomez 2014, Kuhlthau 2011, DSM 5

Epidemiology: Etiology

Birth complications

Low IQ/Learning differences

Mental health disorders: ADHD, PTSD, ODD

Temperament

Poor **communication skills**

Male gender (if > preschool)

Disadvantaged neighborhood

Nonresponsive parenting 0-2y

Coercive **discipline** as toddler

Parent modeled aggression

Lack of supervision as adolescent

Trauma

Lack of parental warmth

Parental **maltreatment**

Violent video games*

Hilt 2019

Epidemiology: Etiology

Self Care

- Sleep hygiene
- Eating a healthful diet
- Exercise
- Screen limits and monitoring

Health class topics

Education insufficient→ Change the environment!

✓ Move it, Move it

Epidemiology: Etiology

Disorder	Features
ODD (5-11%)	Noncompliance Frequent tantrums/anger Mean when upset Arguing with adults Blame others/question rules
Conduct disorder (4-10%)	Repetitive persistent violation of others Aggressive to people/animals Destruction of property Deceitful Fires/stealing/lying/truant
ADHD (9-12%)	Impulsive prior to age 12 2+ settings Family correlation

Minahan and Rappaport 2012, Craig 2020

Epidemiology: Etiology

FURTHER DIFFERENTIAL

Depression/anxiety—PHQ-9, GAD-7

ASD--CAST and AQ screeners, AACAP guide, kids rehab gym, consult for formal dx

Reactive attachment issues (e.g. adopted)--parent therapist for better attachment

Fetal Alcohol Spectrum Disorders--3-10% of children, adjust expectations

Bipolar spectrum--clear long episodes, often conflated with ADHD, consult if concern or fam hx

Learning Objectives: non-compliance

1) Behavior type and epidemiology
2) Approach
3) Evidence based treatments
   - Therapeutic
   - Medical
4) Medical care referral sources

Negative Attention

(adult attends to negative behavior, applies discipline)

Negative Behavior

(child reacts negatively, has outburst)

School Interventions

Child Interventions

The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

Hilt 2019

Project ECHO University of Vermont

Approach

FAIR Plan

Functional Hypothesis of behavior
Accommodations
Interaction strategies
Response strategies

Minahan and Rappaport 2012

Approach: ABC Functional Hypothesis

1. Assess across locations, times, staff
2. Assess teacher expectations/skills

ANTECEDENT	BEHAVIOR	CONSEQUENCE
• What occurred just prior?	• Intensity • Duration • Frequency	• How did it end? • What did staff do? • What did child do?

Camenisch 2020

BOARD OF EDUCATION
BURNABY
SCHOOL DISTRICT 41

Antecedents – Behaviours – Consequences (ABC) Chart

Date: ______________________ Data collected by: ______________________

Student: ______________ Grade: ______ Age: ____________ Teacher: ____________ School: ______________

A Antecedents	B Behaviour	C Consequences
(Describe what happens before the behaviour)	(Describe what the student does)	(Describe what happens after the behaviour)

The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

Project ECHO
University of Vermont

Approach: Accommodations

- Environmental
- Curriculum
- Teach underdeveloped skills explicitly
- Replacement behaviors
- Regulation of self and self-monitoring

Accommodations:
Spelled out in IEP/504 material, should be constantly adjusted as warranted – these are “living” documents

Minahan and Rappaport 2012

The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM
Project ECHO® University of Vermont

Approach: Interaction Strategies

Accept the feelings driving the behaviors first…

then set limits around behaviors

Minahan and Rappaport 2012

Approach: Interaction Strategies

- Strength-based terminology
- Explicit relationship building
- Transition warnings/strategies
- Positive reinforcement
- Noncontingent reinforcement
- Leadership-building, self-esteem-building activities

Strategies for giving instruction:

- Avoid asking, saying “ok?”
- Embed choice
- Give demand, move away
- Extended time for compliance
- Use humor when appropriate
- Make it a game

Approach: Response Strategies

Determine response based on function:

Escape

No time-out/removal/avoidance

Attention

No verbal/visual response

Tangible

No giving an object/allowing to do something

Sensory

Provide an acceptable form of stimulation

Minahan and Rappaport 2012

Approach: Response Strategies

- Rewards/points for self-regulation/pro-social
- Answer simple questions
- Redirect challenging questions/provide a limit
- Enforceable/reasonable/simple limits
- Incremental rewards/consequences
- Address frustration tolerance

Minahan and Rappaport 2012

Learning Objectives: non-compliance

1) Behavior type and epidemiology
2) Approach
3) Evidence based treatments
   - **Therapeutic**
   - **Medical**
4) Medical care referral sources

Evidence Based Treatments: Therapeutic

Therapy	Description	Indication
CBT	correct cognitive errors in thinking, encourages different behaviors	ODD, depressive, anxiety, PTSD, SUD
Family therapy	Change family interaction patterns that cause dysfunction	Conduct depressive, substance, eating
Behavior parent (management) training	caregiver responses, positive interaction, changing caregiver behavior	ODD, CD
Applied behavioral analysis	1:1 intensive to gradually teach socially normative behaviors, resource intensive	ASD
Social skills training	class/group/1:1, basic behavioral/cognitive skills, social problem solving	ODD, ADHD, ASD
Motivational interviewing	nonconfrontational/nonjudgmentally helping pts state own reasons for change	SUD

Hilt and Nussbaum 2016

Evidence Based Treatments: Therapeutic

"Special time" as a given

- Praise good behaviors, instead of 1:1 when dysregulated only

Encourage parent management training

- Engage caregivers/parents for success
- Offer parent programming

Use self-regulation curriculum

- Zones of regulation
- Superflex curriculum
- School/home notes CAT Track

Evidence Based Treatments: Medical Care

High (primary)
Moderate (shared)
Low (consultative)
None

Level 0 Level 1 Level 2 Level 3

Primary Care Clinician
Child Psychiatry Specialty System

ADHD

a. Treat to target symptoms

Serial Vanderbilt/Conners rating scales

a. Organizational Skills Training (parent, child, school)
b. Methylphenidate as first line, other stimulants, guanfacine, atomoxetine
c. Reassess the efficacy of treatment/medication
d. *Majority in community care not benefitting from medication after >2 years*

Cortese 2018, Molina 2009

DEPRESSION/ANXIETY

a. Treat to target symptoms

PHQ-9 for teens, or GAD-7, Vanderbilt to screen

a. Fluoxetine (most activating), sertraline, escitalopram
b. In younger kids--choose target symptoms
c. Therapy/parent support
d. Underlying cause, externalizing comes from something

"It might be helpful to talk to your PCP about this"

Medical Care

Medications supplementary

No FDA approval for aggression

Risperidone

Dev Dis, Conduct Dis, ADHD

Large effect size (0.9)

Alpha-2 agonist

Autism, ADHD

Medium effect size (0.5)

Methylphenidate

ADHD

Large effect size (0.9)

Atomoxetine

ADHD

Low-med effect size (0.2)

Hilt 2019, Pappadopulos et al 2006

Learning Objectives: non-compliance

1) Behavior type and epidemiology
2) Approach
3) Evidence based treatments
   - Therapeutic
   - Medical

4) Medical care referral sources

Referral Sources

Start with PCP

Referral Sources

Designated Agencies

Howard Center
Counseling Service of Addison County
United Counseling Service
Northwestern Counseling and Support Services
Lamoille County Mental Health
Clara Martin Center
Northeast Kingdom Human Services
Rutland Mental Health Services
Washington County Mental Health
Healthcare and Rehabilitation Services
Pathways Vermont
Northeastern Family Institute

UVM MC Child Psychiatry
DHMC Child Psychiatry

Psychologytoday.com

211
https://www.vermont211.org/

Partners for Access (HC)
https://howardcenter.org/pfa/

PCP consult until connected:
Vermont Child Psychiatry Access Program

The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

Project ECHO®
University of Vermont

References

American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC, 2013.

Becker-Haimes, E. M., Tabachnick, A. R., Last, B. S., Stewart, R. E., Hasan-Granier, A., & Beidas, R. S.: Evidence Base Update for brief, free, and accessible youth mental health measures. Journal of Clinical Child & Adolescent Psychology 49: 1-17, 2020.

Best Principles for Integration of Child Psychiatry into the Pediatric Health Home: AACAP; June 2012.

Camenisch, D. Addressing Disruptive Behaviors in Primary Care PALS powerpoint presentation. https://www.seattlechildrens.org/globalassets/documents/healthcare-professionals/pal/presentations/camenisch-disrubtive-behavior-in-primary-care.pdf Accessed November 10th, 2020. Used with permission.

Cortese S, et al. Comparative efficacy and tolerability of medications for attention-deficit hyperactivity disorder in children, adolescents, and adults: a systematic review and network meta-analysis. Lancet Psychiatry. 2018 Sep;5(9):727-738. doi: 10.1016/S2215-0366(18)30269-4. Epub 2018 Aug 7.

Cortese, S. Pharmacologic Treatment of Attention Deficit-Hyperactivity Disorder. N Engl J Med 2020;383:1050-1056.

Craig, JT. Helping Parents and Families with Aggressive Behaviors: Pediatrics and Beyond. Pediatric Grand Rounds October 14, 2020. https://video.dartmouth-hitchcock.org/media/Helping+Parents+and+Families+with+Aggressive+BehaviorsA+Pediatrics+and+Beyond/1_e54ygx84/86113381 Accessed October 20, 2020. Used with permission.

References

Cuellar A. Preventing and treating child mental health problems. The Future of Children: Policies to Promote Child Health. 2015;25(1):111–134.

Gomez, D et al. Delivering Parent Management Training in an Integrated Primary Care Setting: Description and Preliminary Outcome Data. Cognitive and Behavioral Practice. 2014 21:3, 296-309.

Hilt, R. The Oppositional or Angry Child. PALS powerpoint presentation All Alaska Pediatric Symposium. October 2019. https://www.seattlechildrens.org/globalassets/documents/healthcare-professionals/pal/presentations/hilt-ak-oppositional-aggressive-child.pdf-. Accessed November 10th, 2020. Used with permission.

Hilt RJ, Nussbaum AM. DSM-5 Pocket Guide for Child and Adolescent Mental Health. American Psychiatric Association Publishing. Psychotherapeutic interventions pp 270-3. Washington, DC. 2016.

Horwitz SM, Kelleher KJ, Stein REK, et al. Barriers to the identification and management of psychosocial issues in children and maternal depression. Pediatrics. 2007;119(1). Available at: http://pediatrics.aappublications.org/content/119/1/e208. Accessed Oct 15, 2020.

Huaqing Qi C, Kaiser AP. Behavior Problems of Preschool Children From Low-Income Families: Review of the Literature. Topics in Early Childhood Special Education. 2003;23(4):188-216.

References

Jerrott SE. Helping the Noncompliant Child: Family-Based Treatment For Oppositional Behaviour (Second Edition). Can Child Adolesc Psychiatr Rev. 2005 Aug;14(3):86–7.

Kuhlthau K, Jellinek M, White G, Vancleave J, Simons J, Murphy M. Increases in behavioral health screening in pediatric care for Massachusetts Medicaid patients. Arch Pediatr Adolesc Med. 2011;165(7):660-664. doi:10.1001/archpediatrics.2011.18

Lavigne JV, Gibbons RD, Christoffel KK, Arend R, Rosenbaum D, Binns H, Dawson N, Sobel H, Isaacs C. Prevalence rates and correlates of psychiatric disorders among preschool children. J Am Acad Child Adolesc Psychiatry. 1996 Feb;35(2):204-14.

May PA, Chambers CD, Kalberg WO, et al. Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities. JAMA. 2018;319(5):474-482. doi:10.1001/jama.2017.21896

Minahan, J. & Rappaport, N. (2012). The behavior code. Harvard Educational Publishing Group.

Molina, BSG et al. The MTA at 8 Years: Prospective Follow-up of Children Treated for Combined-Type ADHD in a Multisite Study. J. Am. Acad. Child Adolesc. Psychiatry. 48:5, May 2009. Cited information pages 496-497.

Ollendick, T. H., & King, N. J. (2012). Evidence-based treatments for children and adolescents: Issues and commentary. In P. C. Kendall (Ed.), Child and adolescent therapy: Cognitive-behavioral procedures (p. 499–519). Guilford Press.

Pappadopulos E, Woolston S, Chait A, Perkins M, Connor DF, Jensen PS. Pharmacotherapy of aggression in children and adolescents: efficacy and effect size. J Can Acad Child Adolesc Psychiatry. 2006 Feb;15(1):27-39. PMID: 18392193; PMCID: PMC2277275.

Discussion and Q & A

Cases/HIPAA

DO NOT INCLUDE:

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.

The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

Project ECHO®
University of Vermont

Case Presentation Format

Case presentation from a participant (a *real-world case, from the field)*
Then
Clarifying questions about the case from group to case presenter
Then
Ideas, suggestions, recommendations from participants
Then
Ideas, suggestions, recommendations from ECHO faculty team
Then
Additional discussion, if any (All)
Then
Summary of case discussion
(course co-directors: Michael Hoffnung, DO and Katherine Mariani, MD, MPH)

- RECORDING TO BE STOPPED FOR CASE PRESENTATION

Prep for Next Session

Prior to each session, if you have specific questions for our faculty expert(s), please let us know and we will pass along ahead of time.

SESSIONS ARE ON THURSDAYS FROM 3:00PM TO 4:30PM		
DATES	**SESSION**	**DIDACTIC TOPICS (in addition to case review)**
Jan 13	TeleECHO Session 1	**Wellness and Self Care for Ourselves and Our Students** (Michael Hoffnung, DO)
Feb 10	TeleECHO Session 2	**Eating Disorders** (Katherine Mariani, MD)
Mar 10	TeleECHO Session 3	**Addressing the Non-compliant Child: Oppositionality and Disruptive Behaviors** (Margaret Spottswood, MD and Rebecca Ruid, PhD)
Apr 14	TeleECHO Session 4	**Managing Psychiatric Emergencies** (Haley McGowan, DO and Yasmeen Abdul-Karim, MD)
May 12	TeleECHO Session 5	**Managing Anxiety: What School Nurses Need to Know** (Stephanie Fosbenner, MD and Cynthia LaRiviere, PhD)

Conclusion

- Slides are posted at www.vtahec.org
- Volunteers to present cases (this is key to the Project ECHO model)
  - Please submit cases to lizmanzvt@gmail.com
- Please complete evaluation survey after each session
- Once your completed evaluation is submitted, CE information will be emailed to you.
- Please contact us with any questions, concerns, or suggestions
  - Michael. Hoffnung@uvmhealth.org
  - Elizabeth.Cote@uvm.edu

The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

Project ECHO®
University of Vermont