

Screening for Needs:

A Trauma Informed Approach to Family Support and Social Needs in Inpatient Pediatrics

Autumn Zackowski, MSW- Child Protection Program Coordinator

Emily McDevitt, BSW- Pediatric Social Worker





Lehigh Valley
Reilly Children's Hospital

FRED
JANDL
FAMILY
PAVILION



Lehigh Valley Reilly Children's Hospital

Screening for Needs

- Edinburgh Postnatal Depression Scale
- Child Abuse
- Child and Adult Victims of Human Trafficking – Coming soon
- HEADSSS – Home, Education, Activities, Drugs, Sex and Relationships, Self Harm and Depression, Safety and Abuse (Adolescents)
- Social Determinants of Health
 - Food Insecurity
 - Transportation
 - Housing Instability
 - Financial Resource Strain
- Mental Health
- Columbia Suicide Severity Rating Scale
- Substance Use – CRAFFT Tool

Perinatal Mood and Anxiety Disorders

- **Perinatal** (in pregnancy or postpartum period)
- **Mood** (depression, bipolar, psychosis)
- **Anxiety** (GAD, panic, OCD, PTSD)
- **Disorders** (get in the way of daily functioning)
- **Common Maternal Health Screenings:**
 - Gestational Hypertension 6-8%
 - Pre-eclampsia 6-8%
 - Gestational Diabetes 6%
 - **PMADs 21%**

PMADS Prevalence

- About 1 in 5 Women
- 1 in 10 Men

- Cost of Untreated PMADS
 - Can lead to increased cost of medical care, family dysfunction, child abuse or neglect and can adversely affect early brain development

World Maternal Mental Health Day

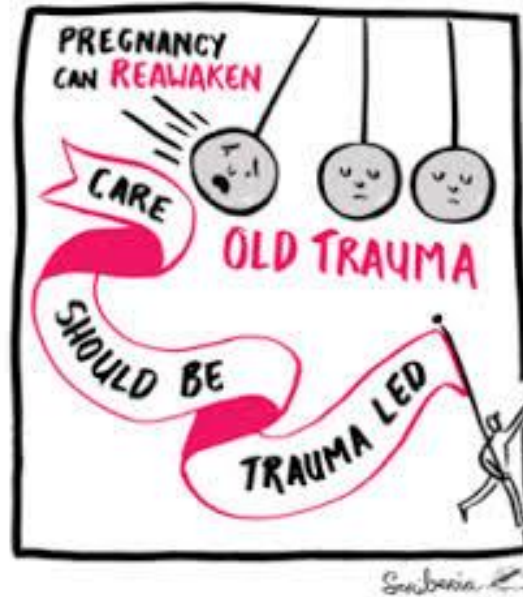
Up to
1 in 5

mothers will suffer from a
maternal mental health disorder



Postpartum Trauma and PTSD

- Reported prevalence of postpartum PTSD was 4.0 in community samples and 18.5 in high-risk groups
 - “High-Risk” being defined as current maternal depression, history of psychiatric illness, and infant complications.



BLACK MATERNAL MENTAL HEALTH



The mental health of Black moms is in crisis. Weathered by a lifetime of systemic racism, discrimination, and structural inequities, Black women experience high levels of trauma exposure that deteriorate their physical and mental health. This increases the risk of mental health disorders among Black birthing people.

Black women face PTSD rates **four times higher** than others during pregnancy.



87% of Black women reported being exposed to at least one or more traumatic event during their life-time.



One in three Black women report mistreatment by healthcare providers – nearly twice the rate of white women – including being ignored or denied help.



Mistrust between Black women and healthcare providers may increase the risk of birth trauma, potentially leading to PTSD and other MMH disorders.



The **toxic stress of racism** harms Black and Brown people's physical and mental health—and can even damage their DNA.

WHAT NEEDS TO HAPPEN

1. Expand access to culturally centered care and services
2. Diversify the workforce
3. Increase peer mental health support
4. Collaborate and fund work with BIPOC-led birthing justice organizations
5. Secure funding and support for implementation of the AIM Patient Safety Bundle on Perinatal Mental Health Conditions

nationalpartnership.org

national partnership
for women & families

Inpatient Postpartum Screening Pathway

■ Process

- Patients on Inpatient Pediatrics between the ages of 2 weeks and 6 months
- Provide education and offer self-reported EPDS after 72 hours or prior if indicated
- Provide appropriate resources and intervention based off results
 - If 0, follow up as needed and offer resources
 - If 1-9, offer resources and support
 - If greater than 10 and interested, initiate WAVES referral

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____
Your Date of Birth: _____
Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- ☐ Yes, all the time
☒ Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
☐ No, not very often Please complete the other questions in the same way.
☐ No, not at all

In the past 7 days:

- | | |
|---|--|
| 1. I have been able to laugh and see the funny side of things
<input type="checkbox"/> As much as I always could
<input type="checkbox"/> Not quite so much now
<input type="checkbox"/> Definitely not so much now
<input type="checkbox"/> Not at all | *6. Things have been getting on top of me
<input type="checkbox"/> Yes, most of the time I haven't been able to cope at all
<input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual
<input type="checkbox"/> No, most of the time I have coped quite well
<input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things
<input type="checkbox"/> As much as I ever did
<input type="checkbox"/> Rather less than I used to
<input type="checkbox"/> Definitely less than I used to
<input type="checkbox"/> Hardly at all | *7. I have been so unhappy that I have had difficulty sleeping
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, not at all |
| *3. I have blamed myself unnecessarily when things went wrong
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, some of the time
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, never | *8. I have felt sad or miserable
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, not at all |
| 4. I have been anxious or worried for no good reason
<input type="checkbox"/> No, not at all
<input type="checkbox"/> Hardly ever
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> Yes, very often | *9. I have been so unhappy that I have been crying
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Only occasionally
<input type="checkbox"/> No, never |
| *5. I have felt scared or panicky for no very good reason
<input type="checkbox"/> Yes, quite a lot
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> No, not much
<input type="checkbox"/> No, not at all | *10. The thought of harming myself has occurred to me
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Sometimes
<input type="checkbox"/> Hardly ever
<input type="checkbox"/> Never |

Administered/Reviewed by _____ Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Plontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.

WAVES Program and Virtual Support Groups

HAPPINESS COMES IN WAVES

Women Adjusting to Various Emotional States

What is it

WAVES, a new program offered by Lehigh Valley Physician Group—Obstetrics and Gynecology (LVPG OBGYN), is designed for women who are dealing with the emotions of pregnancy and motherhood. **WAVES** is for pregnant women and mothers looking for extra education, resources, treatment and support from our obstetric providers who have received extra training in perinatal mental health.

Why

- 1 in 5 women experiences perinatal mood and anxiety disorders (PMADs).
- PMADs are the most common pregnancy complication.
- These can develop during pregnancy or in the postpartum period.
- PMADs are associated with an increased risk for maternal and infant morbidity and mortality.
- Women who already have anxiety and/or depression are more likely to develop PMADs during or after pregnancy.
- There are treatments available for anxiety and depression that can be used during pregnancy and while breastfeeding.

How WAVES can help

We want to end the stigma behind mental health, especially for pregnant women. The **WAVES** program is a self-selected program, which means you can elect to participate as part of your routine OB care.

We see

- Women with a history of postpartum depression or anxiety during pregnancy
- Women on medication for anxiety and/or depression
- Women with a history of infant loss
- Women who have suffered from birth trauma

Your mental health and well-being are a priority.

To learn more about the program, talk with your provider or ask at checkout. We're here to help and support you every step of the way.



Scan for Help!



Postpartum Support International

Free Online
Support Groups



Mood & Mental Health Support for Moms/Birthing People

- ADHD Support for Moms & Birthing People
- Bipolar Support for Perinatal Moms & Birthing People
- Birth Trauma Support
- Birth Trauma Support for BIPOC Birthing People
- Black Moms Connect
- Perinatal Mood Support for Moms
- Military Moms
- Perinatal Mood Support for Returning Members Only
- Perinatal OCD Support for Moms
- Pregnancy & Postpartum Psychosis Support for Survivors (Moms & Birthing People)
- Pregnancy Mood Support Group
- Birth Moms Support Group
- Perinatal Support for Latinx Moms & Birthing People
- Perinatal Support for South Asian Moms
- Mindfulness for Pregnant & Postpartum Parents

Parenting

- Adoptive & Foster Parent Support for the Early Years
- NICU Parents
- Pregnant & Postpartum Parents of Multiples
- Queer & Trans Parents Support Group
- Single Perinatal Parent Support
- Support of Parents of One to Four-Year-Old Children
- Support for Parents of High Needs Babies
- Dads Group
- Support for Families Touched by Postpartum Psychosis

Post - Abortion Support

- Post-Abortion Support

BIPOC Groups

- Birth Trauma Support for BIPOC Birthing People
- Black Moms Connect
- Perinatal Support for Latinx Moms & Birthing People
- Perinatal Support for South Asian Moms
- Black Moms in Loss

Loss & Grief Support

- Black Moms in Loss
- Early Pregnancy Loss Support for Moms
- Fertility Challenges
- Parenting After Loss
- Pregnancy After Loss Support
- Pregnancy After Stillbirth & Early Infant Loss
- Pregnancy & Infant Loss Support for Moms
- Pregnancy & Infant Loss Support for Parents
- Stillbirth & Infant Loss Support for Parents
- Termination for Medical Reasons
- Pregnancy and Parenting After Termination for Medical Reasons

Social Determinant of Health Screenings

- “Within the past 12 months we worried whether our food would run out before we got money to buy more.”
- “Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.”
- “We are worried about getting enough food for our families this week.”



Allentown Community Needs Assessment

SDOHs can account for 30-55% of health outcomes.

Definition of Social Determinants of Health:

- "The non-medical factors that influence health outcomes. They are the conditions in the environment in which people are born, grow, love, learn, work, play, worship, and age that shape health"

- Poverty Rates in PA:
11.8%
- Poverty Rates in Allentown:
23.2%
- Child Poverty Rates in PA:
16.4%
- Child Poverty Rates in Allentown:
34.9%

SDOH Screenings

- Food Insecurity
- Financial Resource Strain
- Transportation Needs
- Housing Stability



Source: Institute for Clinical Systems Improvement, *Going Beyond Clinical Walls: Solving Complex Problems* (October 2014)

Phoenix Children's Social Needs Survey

Social Needs Survey

Our goal is to provide the best possible care for your child and family. This screening will ask you non-medical questions to help us better understand any needs you may have and connect you with available community resources. Most of these resources are free of charge.

Please complete this form and return to the office staff prior to today's visit. Please print clearly.


Patient Name: _____ DOB: _____ Sex: _____


Race: ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ White
☐ Native Hawaiian or Other Pacific Islander


Ethnicity: ☐ Hispanic or Latino
☐ Not Hispanic or Latino


Caregiver Name: _____ Relationship to Patient: _____


Email: _____ Phone: _____


 Do you ever eat less than you feel you should because there isn't enough money for food? ☐ Yes ☐ No


 Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? ☐ Yes ☐ No


 Are you worried that in the next 2 months you may not have stable housing? ☐ Yes ☐ No

 Do problems getting childcare make it difficult for you to work or study? ☐ Yes ☐ No

 Do you feel you live in an unsafe place? ☐ Yes ☐ No

 Are you in a relationship in which you or your child have been hurt or threatened? ☐ Yes ☐ No

 Do you often feel that you lack companionship? (friends, family, church, etc.) ☐ Yes ☐ No

 Do you feel overly stressed? (tense, nervous, anxious, or can't sleep) ☐ Yes ☐ No

 Are you a refugee in need of legal assistance? ☐ Yes ☐ No


Are you or anyone you live with unable to get any of the following? *

 Health Care ☐ Yes ☐ No


 Phone ☐ Yes ☐ No


 Clothing ☐ Yes ☐ No

 Medication ☐ Yes ☐ No

 Utilities ☐ Yes ☐ No

 Employment ☐ Yes ☐ No

 Are any of your needs urgent? (For example: you don't have food tonight, you don't have a place to sleep tonight) ☐ Yes ☐ No

 If you answered "Yes" to any boxes above, would you like to receive assistance with any of those needs? ☐ Yes ☐ No

What is your preferred method of communication?

☐ Phone Call
☐ Text Message
☐ Email

FOR OFFICE USE ONLY

Practice Name: _____ Screening Date: _____ Refer to PCCN ICC? ☐ Yes ☐ No

Patient Insurance: _____ Patient Insurance ID #: _____

Referring Physician/Provider (please print): _____

If referring to PCCN ICC, please fax this form to 602-933-4331 or email to pccnccaremanagement@phoenixchildrens.com

To score this screening: Yes=1, No=0. Any score >0 should be documented as a positive screen. Total Score: _____

This tool was developed by combining elements from PRAPARE, Health Leads, and other clinically validated tools.

Community Resources

- Inpatient Family Assistance Fund
- Community Resource Packets
- Second Harvest SNAP Outreach
- Grants/Charitable Funds

- <https://www.findhelp.org/>
- <https://www.pa211.org/>
- Food Pharmacy on site- One day

The screenshot shows the findhelp.org website. At the top, there's a navigation bar with 'findhelp' logo, 'Support', 'Sign Up', and 'Log In' links. Below this is a search bar with the placeholder text 'ZIP or keyword or program name' and a magnifying glass icon. To the left of the search bar is a 'Select Language' dropdown menu currently set to 'English'. Below the search bar is a row of ten icons representing different categories: FOOD, HOUSING, GOODS, TRANSIT, HEALTH, MONEY, CARE, EDUCATION, WORK, and LEGAL. Below this row, a large upward-pointing arrow is positioned above the text '2,577 programs' in a large, bold font. Underneath this, in a smaller font, it says 'in the Allentown, PA 18103 area'. At the bottom of the section, it says 'Choose from the categories above and browse local programs'.

The screenshot shows the 211 Pennsylvania website. At the top, there's a navigation bar with 'UNITED WAY Pennsylvania' logo, '211 Pennsylvania' logo, and links for 'GET HELP', 'ABOUT 211', 'HOW WE HELP', 'OUR REGIONS', 'CAREERS', and 'GET INVOLVED'. Below this is a large banner image showing a person's hands holding a smartphone. Overlaid on the banner is the text 'WHAT DO YOU NEED HELP WITH?'. Below the banner is a blue bar with a magnifying glass icon and the text 'SEARCH OUR PROGRAMS'. Below this is a yellow section with the text 'CAN'T FIND WHAT YOU'RE LOOKING FOR?' in bold. Underneath this, it says 'Speak with a resource specialist to get connected to help today. Or [Click Here](#) if you need help contacting PA211.' Below this text are three buttons: 'Text your zip code to 898-211', 'DIAL 211', and 'Chat with 211'. At the bottom of the yellow section, it says '24/7/365 • 240 Languages • Confidential • Free Service'.

Child Abuse Screening <18yrs

- Did child report the parent/caregiver caused the injury?
- Unexplained or suspicious fractures, bruises, or burns
- Injury explanation inconsistent with mechanism/developmental age
- Significant discrepancies in report of injury by parents or parent/child
- Delay in seeking appropriate care
- Injury resulting from neglectful or unsafe situation (including lack of proper supervision and/or imminent risk)
- Appearance of malnutrition or poor physical/dental hygiene
- Parent or caretaker presents with impairment due to substance/physical abuse or mental illness
- Child's report or findings consistent with sexual abuse
- Other concerns

Child Protection Social Work Screening

Social Determinants of Health: Child

DAYCARE/SCHOOL:

IEP/504:

EARLY INTERVENTION:

SERVICES IN THE HOME:

MENTAL HEALTH/BEHAVIORAL HEALTH CONCERNS/SERVICES:

PEER RELATIONSHIPS:

SUD/DRUG/ALCOHOL USE:

JUVENILE PROBATION/LEGAL:

PRIMARY CARE/PEDIATRICIAN:

HEALTH INSURANCE:

UP TO DATE ON ROUTINE CARE:

DENTAL/EYE:

PSYCHIATRIC CARE:

PRIOR MEDICAL HISTORY OR CONCERNS:

MEDICATIONS:

BARRIERS TO ROUTINE MEDICAL CARE:

NON-ADHERENCE TO MEDICATIONS/TREATMENTS/MEDICAL APPOINTMENTS:

Child Protection Social Work Screening

FAMILY COMPOSITION:

PARENT/CARETAKER:

SIBLINGS:

SUPPORT SYSTEM/EXTENDED
FAMILY:

INFREQUENT AVAILABILITY
OF FAMILY:

FAMILY STRESSORS:

HOME SAFETY:

CUSTODY/CONSENT:

CONFLICT WITHIN FAMILY:

- PARENT MENTAL HEALTH/BEHAVIORAL HEALTH CONCERNS/SERVICES:
- COGNITIVE/INTELLECTUAL DISABILITY:
- CURRENT OR PRIOR POST PARTUM DEPRESSION:
- PRIOR CYS INVOLVEMENT:
- LAW ENFORCEMENT/LEGAL:
- SUD/DRUGS/ALCOHOL:
- IPV/FAMILY VIOLENCE:
- GUNS/WEAPONS IN THE HOME:

Child Protection Social Work Screening

**PARENTS EMPLOYMENT
STATUS:**

WIC:

SNAP:

**MEDICAID/HEALTH
INSURANCE:**

PCP:

**MEDICAL
DIAGNOSIS/DISABILITY:**

**FINANCIAL/HOUSING
CONCERNS:**

**TRANSPORTATION
CONCERNS:**

**OTHER COMMUNITY
AGENCIES:**

Making Connections and Providing Support

- County CYS Agencies
- Crime Victim's Council
- Victim's Compensation
- Turning Point of the Lehigh Valley
- Trauma Focused Therapy and Mental Health Agencies
- Additional Victims Services within patient/family home county
- Bloom for Women
- New Bethany
- Valley Youth House
- Lehigh County Mental Health and Integrated Services
- Host and Connections Clinic
 - Drug and Alcohol Services

Trauma Informed Care

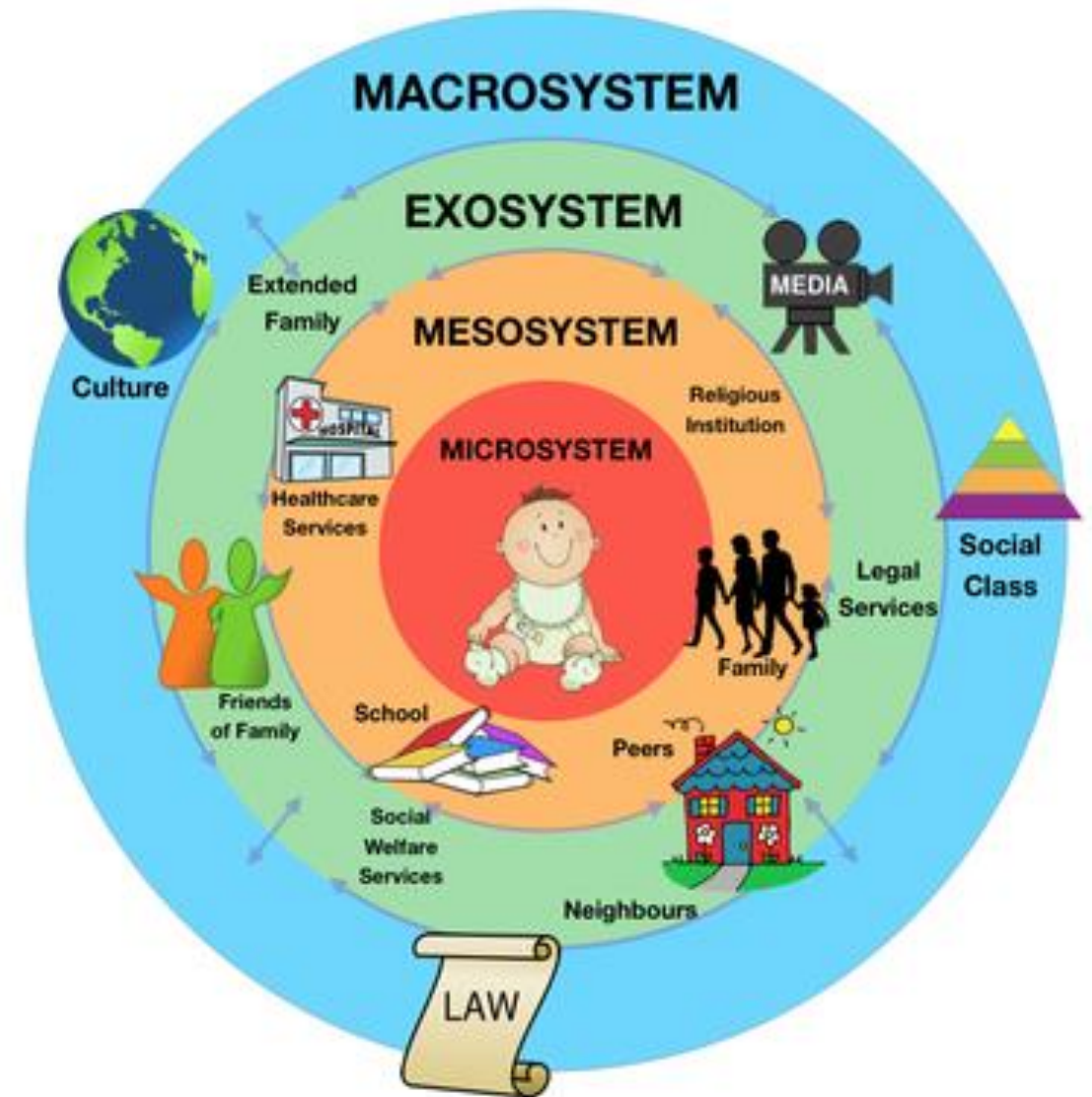
- Individuals with complex trauma may perceive they are being judged or their healthcare provider has bias towards them
 - May have difficulty trusting health care providers
 - May not seek out health care services when needed
 - May appear as “difficult” or “guarded”
 - More likely to have breakdowns in communication and shared information
 - More likely to have conflict in patient-provider relationship
 - May not openly share information or even be poor historian
- • Trauma informed care shifts the focus from “what’s wrong with you?” to “what happened to you”
 - • Recognizes effective care requires an understanding of patients’ lived experiences
 - • Improves patient health, participation and treatment adherence AND provider well-being
 - • **Principles**
 - • Safety
 - • Trustworthiness and transparency
 - • Peer support
 - • Collaboration and mutual support
 - • Empowerment (voice and choice)
 - • Cultural and historical sensitivity

HOW TRAUMATIC STRESS AFFECTS THE BRAIN AND BODY

- •Impacts:
 - •Neurologic
 - •Immune System
 - •Endocrine System
 - •GI System
 - •Cardiovascular
 - •Musculoskeletal
 - •Respiratory
 - •Metabolic Processes
 - •Can produce lasting changes in parts of the brain:
 - •Amygdala
 - •Hippocampus
 - •Prefrontal cortex
 - •Result in chronic cortisol/stress hormone release – has profound impact on multiple body systems
- •Complex trauma can result in
 - •Difficulty forming attachments
 - •Difficulty forming memories
 - •Problem solving skills
 - •Decision making skills
 - •Difficulties with ability to focus
 - •Difficulty with emotional and self-regulation
 - •Fight or Flight mode
 - •Problems with dissociation
 - •Brain is wired to deal with constant stress
 - **•Prolonged, complex trauma can have lifelong impacts on physical and mental health**

Our WHY

- Minimizing physical, emotional, psychological and social impacts of trauma and chronic stress requires early intervention and screening
- Identification and connection to services can help break generational cycles
- Every aspect of a patient's life is interconnected



LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL

Questions?

