School Based Behavioral Health ECHO

Session 4 Notes and Resource Sheet





November 28, 2022

DIDACTIC PRESENTATION

Engaging Families and Reducing Stigma (Whole Treatment/Whole Teams)

Recording

Presentation Slides

Presenter: Jesse Higgins, PMHNP

Director of Integrated Behavioral Health Northern Light Acadia Hospital

CASE SUMMARY

In summary, it is the case of a 14yo female that immigrated to this country about a year ago with her mother. She attends school regularly and her grades are good, but she does appear to be withdrawn and alone a lot at school. During an initial interview with her social worker the student became emotionally disregulated, a crisis situation developed, followed by a trip to the ED.

KEY QUESTION(S)

- 1. How to move forward and support the student in a safe way, without triggering her?
- 2. What are the next steps in assessment, treatment, and how to initiate medications?
- 3. How to go forward when you are nervous that you will trigger someone in the same way?

CLARIFYING QUESTIONS	
Does she want help?	This is hard to tell. She does willingly come to social work offices, but struggles. It's a scary feeling for her to want to hurt herself.
Is there anyone from her culture on her support system?	They have a cultural broker that is not at the school full time. She is only one day a week – but overwhelmed with this case and not available all the time. The school is reluctant to rely on this person as they are not trained to manage crisis or trauma related responses.
Does she have any friends or participant in any activities?	She is alone. But, there are students with similar backgrounds and cultural interests.
Have you talked to local crisis team?	Not at this time.
How does she function in between bouts of depression?	She was observed in her music class playing the keyboard and really looked like she was enjoying herself.
Do we know her history of interactions with middle school?	Not sure. She did share with provider that she took a lot of pills and she did attempt to kill herself while she was in middle school.
Is there a way to connect her with those students who may have things in common?	Her mom is the only person she interacts with, but Mom is often not home trying to get immigration taken care of for family members
From her point of view, what is she looking for? What would be a spark of hope for her?	Not sure. She does seem to be very connected to her grandparents – think that is the key. She wants to be near them again.
Is there somebody that interacts with her every day in her language?	Just her mother.

How is her attendance and grades? Perfect Grades and attendance, but she has had to get up and leave classrooms. She was triggered when a class was discussing immigration,

she is very sensitive.

Is there a way to reach out to mom and educate?

Mom wants to be involved in every conversation with social work since the incident. This is a barrier as mom is not always available. It is difficult to get in touch with mom, or even get a meeting scheduled. She doesn't have a phone, she is unable to participate in telehealth and she also does not have transportation.

KEY RECOMMENDATIONS – School Based

This can be difficult for the evaluator, take a step back and give yourself the credit due for the support you have provided. The student is dealing with a great deal of stuff that is beyond emotional capacity. Survivor guilt can be difficult, and the student is likely experiencing it, which can create or cause some very troubling thoughts.

Connecting with peers with similar backgrounds could be healing. Relieve the loneliness and hopelessness that this girl is feeling by connecting her to other immigrants at school that speak the same language. Bring these kids together in a group, with some sort of cultural mediator to forge connections. There is a need for somebody that speaks the language fluently. This can be informal, but intentional with regards to making connections. Find out if the school guidance counselor can do this.

It appears she has some interest in piano/keyboard. Try to expand this opportunity. Find a teacher that could be a champion for her, such as a music teacher or a language teacher. Meet her where she is at. If she likes paint, paint. If she likes playing cards, play cards –focus on what brings her joy.

KEY RECOMMENDATIONS - Child/Family

The key to engagement is the mother. Make it a very deliberate process. Find a way to connect with her, stay engaged, and build a trust/relationship. Find out if the family is connected to a faith community. Your team is going in the right direction --it is worth taking the time to listen to mother's concerns to engage and build comfort.

The provider could go in the shelter and work with mom and child together to connect to services, get a referral for case management, and help bridge gaps. Coordinate with the shelter to wrap services around the family.

The Center for Grieving Children offers support to folks who have left family behind or experienced such traumas https://www.cgcmaine.org/.

The Opportunity Alliance supports families through the youth and family navigator program. This Reach out to shelter and connect mom to some of the technology she may need. This could open up telehealth or other communications needs. They can go to the family to provide support and safety. Can reduce the risk of crisis or use of crisis services. They do not provide therapy, but can help with stabilization. https://www.opportunityalliance.org/

Find and connect with experts who work with refugee/immigrant population. Use Maine immigrant and refuge services for in home support and case management, https://meirs.org/

KEY RECOMMENDATIONS – Safety

Contact local crisis – this could be helpful to assist in creating the safety plan with the school and for her in the community.

Providers may consult about medication or connect with an adolescent psychiatrist by calling the Maine Pediatric & Behavioral Health Partnership Access Line to request a consultation: 1-833-672-4711

PLEASE NOTE: The recommendations in this document rely on the information provided during the relevant Project ECHO case consultation. Recommendations are provided to assist case presenters make decisions and may not be appropriate in all cases. Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any MPBHP clinician and any patient whose case is being presented in a Project ECHO setting.