Introductions: Who we are

Structure of our Session:
4 Themes
Theme 1: Trends and a Snapshot

Declines

• Before 2000: multi-decade declines in parental death, parental illness, sibling death, and poverty
• 21st century: parental illness, sibling death, exposure to domestic violence, childhood poverty, parental divorce, serious childhood illness, physical abuse, sexual abuse, physical and emotional bullying and exposure to community violence.

Increases

• Before 2000: multi-decade increases in parental divorce, parental drug abuse and parental incarceration
• 21st century: parental alcohol and drug abuse
Trends in BH Service Use Pre-Pandemic

- Total 230,070 adolescents (12 to 17 yrs) 2005--2018. Administered x7 during the period
- Rate of receipt of mental health care was stable over time (~20% of all adolescents)
- Care ↑ for girls, White youth, private insurance
- Care ↓ for boys; for non-Hispanic Black youth; those on Medicaid/CHIP
- Care ↑ for internalizing problems (48% to 58%; suicidal thoughts/attempts 15% to 25%), school related problems
- Care ↓ for externalizing and relationship problems
- Settings:
  - ↑ in outpatient and inpatient settings
  - Stable but slightly ↓ for school-based

Behavioral Health Tx Outcomes Pre-Pandemic

- Administrative data: 46,399 children, 25 outpatient clinics, state system, 2013 - 2017
- Outcome measure: reliable and valid measure of child problems
- Results: Medium overall treatment effect

Results:
- Close to ½ did not improve or deteriorated
- Overall
  - White children more likely to improve than Black or Hispanic children
  - 7-12 year-olds; females improved more
- Type of service differences
  - About ½ received CBT (per provider report)
  - 12% received a specific EBT
- Specific EBT (TF-CBT, MATCH) > CBT > no CBT
- EBTs reduced disparities in outcomes for Black and Hispanic children
COVID-19/Mental Health


Change in Youth Mental Health During the COVID-19 Pandemic in a Majority Hispanic/Latino US Sample
Francesca Penna, MA, Jessica Hernandez Ortiz, BS, Carlo Shpe, PhD

- Survey of 322 young adolescents
- Baseline (Jan 2020) and 3 time points through June 2020
- Primarily Latinx sample/community in SW USA
- COVID-19 Impact
  - ½ reported caregivers lost work hours/job
  - ↑ financial concerns
  - 80% said caregivers helped them cope/manage stress
- MH Changes
  - High sx pre-pandemic: big ↓ in MH sx
  - Low sx pre-pandemic: smaller ↓ in MH sx
  - Family job loss not strongly associated with child MH
  - Family fn/support related to ↓ MH problems @ all pts
- Familism

COVID-19/Suicide

Pediatric Emergency Department Visits at US Children’s Hospitals During the COVID-19 Pandemic
Amy M. Davorsno, MPH; Jonathan Rabin, MPH; Paul L. Armstrong, MD; MB; Grice W. Foggler, MD, MPH; Todd A. Faro, MD, MECE; Marsha Nagai, MD, MSPH; Alexander S. Kozol, MD; Shailaja Gupta, MD, MSc; Conor V. Kenzel, MD; Frances X. Salo, MD, MPH; Annette W. Werle, MD; MPSh; Mark I. Rovner, MD, MPH

- 27 children’s hospital EDs
- March-August 2020 compared to same 3 yrs prior
- ED rates overall ↓ 46%
- MH-related visits ↓ 29%
- Suicidal ideation/attempts ↓ 4%
- Data from National Syndromic Surveillance Program (NSSP)
- Trends in ED visits for suicide (age 12-25)
- April 2020: ↓ ED visits
- May 2020: ↑ for girls
- July/Aug 2020: 26% ↑ for girls
- Feb/Mar 2021: 51% ↑ for girls
Clinical Quick Tip: Suicide Risk

- Make sure all youth have an in person MH visit within 7 days of discharge
- This decreases odds of suicide

Fontanella et al. Studies

- Make sure all youth have an in person MH visit within 7 days of discharge
- This decreases odds of suicide

COVID-19 – Maltreatment/Violence

Calculating the impact of COVID-19 pandemic on child abuse and neglect in the U.S.
Lee H. Nguyen

- Admin CPS data from NYC, FL, NJ, WI
- Estimate “missed” reported cases/costs
- 4 areas:
  - 60,791 fewer CAN investigations
  - 18,540 prevention cases

US Estimates
- 623,137 missed investigations
- 85,993 missed prevention cases
- $48 billion

COVID-19 and violence against children: A review of early studies
Claudia Cappa *, Isabel Iljin
LANCET Child & Adolescent Health, 5:168-170, 2020

- Review of 48 studies from March-December 2020
- International; about ½ included US/Canada
- Overall Findings
  - Most focus on physical/psych violence at home
  - Most used administrative records
  - Heterogeneity in definitions/study designs
- Exposure to violence
  - In DV police reports/CPS referrals
  - Mixed results for 911 calls/DV helplines (US+)
  - Child abuse injuries in hospitals
  - Caregiver survey data about violence
Theme 2: Resilience & Recovery

Resilience: The Good News

**Resilience**

the capacity of a dynamic system to adapt successfully to challenges that threaten the function, survival, or development of the system.

Masten, 2018
Resilience: Common Resilience Factors

Table 1  Parallel psychosocial resilience factors in human systems at the level of individual, family, school, and community

<table>
<thead>
<tr>
<th>Individual children or youth</th>
<th>Family</th>
<th>School</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurturing and sensitive</td>
<td>Nurturing by family, care of vulnerable members</td>
<td>Nurturing by school community, disability services</td>
<td>Social capital, care of vulnerable members</td>
</tr>
<tr>
<td>Close relationships, trust,</td>
<td>Close relationships, trust, belonging, cohesion</td>
<td>Close relationships, trust, belonging, cohesion</td>
<td>Social connections, trust, belonging, cohesion</td>
</tr>
<tr>
<td>belonging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-regulation, executive</td>
<td>Skilled family management</td>
<td>Skilled school leadership</td>
<td>Skilled governance, collective efficacy</td>
</tr>
<tr>
<td>function skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency; active coping</td>
<td>Active coping</td>
<td>Active coping</td>
<td>Community action</td>
</tr>
<tr>
<td>Problem-solving and planning</td>
<td>Family problem-solving and planning</td>
<td>School problem-solving and planning</td>
<td>Collaborative community problem-solving, planning</td>
</tr>
<tr>
<td>Hope, optimism</td>
<td>Hope, optimism</td>
<td>Hope, optimism</td>
<td>Hope, optimism</td>
</tr>
<tr>
<td>Sense of individual meaning</td>
<td>Sense of family meaning, purpose, family coherence</td>
<td>Sense of school meaning, purpose, and coherence</td>
<td>Sense of community meaning, purpose, and coherence</td>
</tr>
<tr>
<td>and purpose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive views of self,</td>
<td>Positive views of family</td>
<td>Positive views of school</td>
<td>Positive views of community</td>
</tr>
<tr>
<td>self-efficacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive habits, routines</td>
<td>Family routines, traditions, celebrations</td>
<td>School routines, traditions, celebrations</td>
<td>Community routines, traditions, celebrations</td>
</tr>
</tbody>
</table>
Resilience Spotlight: Parental warmth

Child mental health and resilience in the context of socioeconomic disadvantage: results from the Born in Bradford cohort study

Natalie Kirby, Barry Wright, Victoria Algar

Received: 17 July 2018 / Accepted: 1 April 2019 / Published online: 26 June 2019

Abstract

Socioeconomic disadvantage has been linked to mental health difficulties in children and adolescents, although many children appear to do well despite exposure to financial adversity in childhood. Our study looked at the effects of family financial difficulty on children’s mental health outcomes in a multi-ethnic UK cohort, the Born in Bradford cohort. We considered potential parent and child variables promoting resilience in this population. Univariate linear regression was used to identify associations between family financial difficulty measured annually and child mental health difficulties measured by teacher-rated Strengths and Difficulties Questionnaire (SDQ) scores at 4-5 years. Hierarchical multiple regression was used to test for potential moderating effects of parent and child factors. Mothers completed the General Health Questionnaire-28, Kessler et al. Questionnaires and questions related to parenting warmth, hostility and confidence. Parent-rated infant Characteristic Questionnaires and teacher-rated Early Years Foundation Stage scores provided information on child temperament, literacy and physical development as potential moderators. Financial difficulty was associated with worse mental health outcomes in children. High parent warmth, high child literacy scores and physical development scores were all associated with positive child mental health outcomes at 4-5 years. In terms of protective effects, only maternal warmth was found to significantly moderate the relationship between financial difficulty and child mental health difficulties. The current study demonstrates that family financial difficulty is associated with worse child mental health outcomes in a UK cohort of mothers and their 4-5 year old children, parents and teacher data.

Findings:

- Financial difficulty associated with worse mental health child outcomes
- High parental warmth, literacy and physical development scores associated with positive child MH outcomes
- MATERNAL WARMTH moderated the relationship between financial difficulty and child mental health difficulty

Interventions that increase WARM Parenting

Socio—Ecological Predictors of Resilience Among Youth with Maltreatment History Over Time

- 771 Adolescents- Child Welfare Involved
- NSCAW: 18 month follow up

What was associated with stable and continued resilient functioning over time?

- Younger age
- Better parent-child relationship quality,
- Neighborhood safety

What wasn’t?

- Child Physical abuse, affiliation with deviant peers, receipt of behavioral services
Mechanisms linking childhood trauma exposure and psychopathology: a transdiagnostic model of risk and resilience

Katie A. McLaughlin, Natalie L. Colich, Alexandra M. Rodman, and David G. Weissman

Abstract

Background: Transdiagnostic processes confer risk for multiple types of psychopathology and explain the co-occurrence of different disorders. For this reason, transdiagnostic processes provide ideal targets for early intervention and treatment. Childhood trauma exposure is associated with elevated risk for virtually all commonly occurring forms of psychopathology. We articulate a transdiagnostic model of the developmental mechanisms that explain the strong links between childhood trauma and psychopathology as well as protective factors that promote resilience against multiple forms of psychopathology.

Main body: We present a model of transdiagnostic mechanisms spanning three broad domains: social information processing, emotional processing, and accelerated biological aging. Changes in social information processing that prioritize threat-related information—such as heightened perceptual sensitivity to threat, misclassification of negative and neutral emotions as anger, and attention biases towards threat-related cues—have been consistently observed in children who have experienced trauma. Patterns of emotional processing common in children exposed to trauma...
Theme 3: Developments in the Treatment Area

POV:
- Once weekly tx
- More treatment
- Higher frequency may be more impactful
- Brief and Personalized

More Treatment: hours, day, or weeks – is not always better

POV:
- Once weekly tx
- More treatment
- not always better
- Higher frequency may be more impactful
- Brief and Personalized

Evidence-based psychotherapies hold clear potential to alleviate mental health problems (Cuijpers et al. 2020; Weiss et al. 2017), yet there is no scientifically-driven consensus for how long treatment should last (treatment duration, including total number of hours or weeks a treatment might last) or how often sessions should occur (treatment frequency). In practice, once-weekly therapy is the dominant outpatient service available to youths and adults alike, largely due to long-held beliefs and insurance companies’ limiting reimbursable treatment-time to 50-min, weekly sessions. But ubiquity cannot be mistaken for clinical or practical superiority. Indeed, weekly hour-long therapy sessions are among numerous treatment structures that can help patients achieve clinical gains, with recent trials supporting the utility of brief, intensive, and concentrated treatments for widely-varying problem types (Dobias et al. 2020). Pursuing quality assessment ensuring reliance of evidence-based approaches—remains the practical default.

Given limited accessibility of, and significant dropout from, weekly outpatient therapy (suggesting that many are unable to access treatment as it is routinely provided), and the established efficacy of alternative treatment formats (suggesting that treatment may be redesigned to improve accessibility without sacrificing clinical utility), we assert that it is our field’s ethical obligation to retire and rebuild the longstanding “default” to once-weekly outpatient services. “To be clear, we do not endorse eliminating weekly psychotherapy as an option for patients; many once-weekly, evidence-based treatments, if delivered as intended, may benefit patients greatly. However, repositioning evidence-based weekly therapy as one of many treatment options, and improving the availability of additional, diverse evidence-based psychotherapies, is not always better approach for all.”

Retiring, Rethinking, and Reconstructing the Norm of Once-Weekly Psychotherapy

Jessica L. Schleider1, Mallory L. Dobias1, Michael C. Mullarkey1, Thomas Ollendick2

1Virginia Tech, Blacksburg, VA, USA
2Department of Psychology, Stony Brook University, Stony Brook, NY, USA

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https://doi.org/10.1007/s10488-020-01090-7
Single Session Interventions

Growth Mindset (GM) Intervention:

Computerized intervention designed to install the belief that personal traits are malleable through effort.

RCT females school-based GM-SSI v active control (teaching healthy sexual bx)

Improved self-reported depression sx, not social anxiety or conduct

Longer is Not Always Better or Necessary

- RCT group school-based CBT for anxiety
- Compared standard (15 hours) and brief (5.5 hours) CBT to WL
- Clinical elements: exposure, cognitive restructuring, exposure practice
- Both treatment groups improved on anxiety symptom, parent reported anxiety impairment, depression symptoms
Transdiagnostic Trials

Transdiagnostic Approaches: Effective and Efficient

- More successful trials (Merry et al; Jepperson et al.; Weisz et al.)

- EBP consistent content may account for outcomes (Merry et al.)
  - Outcomes improved for both groups (MATCH, TAU)
  - MATCH v TAU no differences
  - TAU contained approximately equivalent % of EBT consistent clinical elements

- Principle-based 6 session (Cho et al.)
  - 2 open trials + clinician survey
  - Effective, acceptable, low-cost training
Cultural Tailoring – Targeting Interpersonal & Racial Trauma

• Offers guidance on approaches to integrating racial socialization—a culturally relevant and commonly practiced familial coping strategy—into TF-CBT to improve trauma-related outcomes among African American youth.

RS/RECAST: TF-CBT Integration

Table 1. Racial Socialization Integration in TF-CBT via PRACTICE Stages.

<table>
<thead>
<tr>
<th>PRACTICE Component</th>
<th>TF-CBT Focus</th>
<th>Cultural Considerations and RS Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRAC: Coping skills</td>
<td>Psychoeducation and parenting</td>
<td>Provide information to youth and caregiver about the prevalence of childhood trauma, common reactions to traumatic events, and the structure of TF-CBT</td>
</tr>
<tr>
<td></td>
<td>Relaxation</td>
<td>Provide client with additional skills to use in different environments to manage distress</td>
</tr>
<tr>
<td></td>
<td>Affective expression and modulation</td>
<td>Identify feelings and develop a vocabulary (behavioral, cognitive, problem-solving) to use outside and in sessions to regulate or tolerate distressing emotions</td>
</tr>
<tr>
<td></td>
<td>Cognitive coping</td>
<td>Teach cognitive triangle as the association between thoughts (about trauma, self, world, family, and future), feelings, and behaviors</td>
</tr>
<tr>
<td>T: Trauma narrative and processing</td>
<td>Trauma narrative and processing</td>
<td>Exposure to trauma-related memories that the client avoids or cause distress (intrinsic thoughts, nightmares); identify unhelpful or inaccurate (e.g., self-blame) cognitions that need to be processed; put traumatic exposure into context (other good things, future hopes); share the narrative with family members as appropriate</td>
</tr>
<tr>
<td>ICE: Treatment consolidation</td>
<td>In vivo exposure</td>
<td>Separate harmless trauma reminders or triggers from fear (learned anxiety response); exposure to trauma-threatening situations</td>
</tr>
</tbody>
</table>

Abstract
African American youth are more likely than their peers from other racial and ethnic groups to experience interpersonal trauma and traumatic racist and discriminatory encounters. Unfortunately, evidence-based trauma treatments have been less effective among these youth likely due to these treatments not being culturally tailored to address both interpersonal and racial trauma. In this study, we utilize the racial encounter coping appraisal and socialization theory to propose suggestions for adapting trauma-focused cognitive behavioral therapy—an evidence-based trauma treatment for children and adolescents—to include racial socialization or the process of transmitting culture, attitudes, and values to help youth overcome stressors associated with ethnic minority status. We conclude by discussing implications for the research and clinical community to best promote healing from both interpersonal and racial trauma for African American youth.

Keywords
child trauma, ethnic minority populations, sociocultural factors, treatment, cultural/ethnic issues
Evidence does not support using the ACE questionnaire as an individual screening tool.
Systematic Review and Meta-analysis: Outcomes of Routine Specialist Mental Health Care for Young People With Depression and/or Anxiety

Holly Alice Bear, MSc, Julian Edbrooke-Childs, PhD, Sam Norton, PhD, Karolín Rose Krause, MSc, Miranda Wolpert, PsychD

- 38 studies with 11,739 treated youth
- **38% reliable improvement**, 44% no reliable change, 6% reliable deterioration
- Clinicians reported better outcomes than youth/caregivers
- Better outcomes for depression than anxiety

*Most children receiving treatment for anxiety/depression did not reliably improve*

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Risk Factors for Attrition From Pediatric Trauma-Focused Treatment

Rachel Wamsner-Nanney

**Abstract**

Rates of attrition from pediatric trauma-focused treatments are high, yet few studies have examined predictors of dropout. The aim of the study was to investigate whether higher levels of caregiver- and child-reported pre-treatment difficulties predicted attrition from trauma-focused therapy. One hundred seventy-two children aged 6–18 (M = 10.53, SD = 3.16; 64% female, 64% Black) and their caregivers were included in the study. Two operational definitions of attrition were utilized: (1) clinician-rated dropout and (2) whether the child received an adequate dose of treatment (i.e., 12 or more sessions). Rates of clinician-rated attrition were high (77%); however, 79.2% received an adequate dose. Despite expectations, higher levels of rule-breaking and aggressive behavior were related to clinician-rated dropout (p = 0.59, 63, respectively) but were not significant predictors in a logistic regression model. Child-reported symptoms were unrelated to clinician-rated attrition. Higher levels of caregiver-reported anxiety/depression, somatic complaints, and trauma-related difficulties corresponded with adequate dose (p = 0.53–1.06). The only caregiver-reported sexual concerns predicted adequate dose in a regression model (OR = 1.09). Caregiver- and child-reported symptoms may be unrelated to clinician-rated treatment completion and appear to play a small role in understanding whether the child received an adequate dose of treatment.

**Keywords**

attrition, trauma-focused therapy, adequate dose, PTSD, children and adolescents

*Child demographics and baseline symptoms are generally NOT related to trauma treatment attrition*

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- 172 children seeking trauma treatment at a CAC
- How do we define treatment “completer”?  
  - Clinician report: 26%  
  - Sufficient dose (12+): 76%

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• Telehealth TF-CBT in South Carolina
• School-based TF-CBT in Puerto Rico after hurricane Maria
• TF-CBT in El Salvador
• Adaptations (language, culture, training, session length)
• Very large effect sizes
• Smaller scale demonstrations

**EBTs can be adapted with participatory process in low resource settings – can’t we do this, too?**

• MATCH modular treatment
• 42 clinicians randomized to training or training + consultation
  • ”low cost supports” to both groups
    - Included MBC system
• Expert consultation
  • ~2 clinicians/call X 14 calls

**Expert clinical consultation after EBT training generally did NOT improve therapist competency or child outcomes (but improved adherence)**
• MBC is an EBP, but underutilized
• Compatible with EBTs and TAU (every clinical setting!)
• Improves communication/engagement
• Identify “stuck” clients/efficient
• BRIEF

Measurement-based care can improve outcomes for all youth

There is good evidence for a range of telehealth mental health services

• Good evidence for various types
• High therapist/client satisfaction
• Reduced no-shows (anecdotal)
• Must address concerns about engagement, alliance, technology, security, safety
• Stepped care/hybrid models
• MBC strategies
• During COVID-19: children returned to F2F faster than adults
Final thought......less is more

Article

People systematically overlook subtractive changes

https://doi.org/10.1038/s41586-021-03380-y
Gabrielle S. Adams\\(^1,2,3\), Benjamin A. Converse\\(^1,4,5\), Andrew H. Hales\\(^6\) & Leidy E. Klotz\\(^6\)

Received: 7 July 2020
Accepted: 22 February 2021

Improving objects, ideas or situations—whether a designer seeks to advance

Themes:

1. Trends
2. Resilience and Recovery
3. Developments in the Treatment Area
4. Implementation and Delivery

A few Take Aways
News You Can Use...

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