Bring back the Mood Ring... a self reflection timeout
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Virginia Commonwealth University

Learning Objective
• Describe a mechanism to engage children in self-recognition of anxiety symptoms to open discussion during the pediatric visit.

Life in 2020...

• Anxiety disorders are the most prevalent psychiatric condition in children and adolescents
• 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety. This number may actually be higher as it reflects a diagnosis.
• Rates of anxiety diagnoses appear to be increasing from 5.5% in 2007 to 6.4% in 2011–2012 and current rate of 7.1%
• 6 in 10 children (59.3%) aged 3-17 years with anxiety received treatment.

Disclosures
The presenter has no financial relationship to disclose.

Life in the 70s...

Here’s the scary part...
• Anxiety disorders are the most prevalent psychiatric condition in children and adolescents
• 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety. This number may actually be higher as it reflects a diagnosis.
• Rates of anxiety diagnoses appear to be increasing from 5.5% in 2007 to 6.4% in 2011–2012 and current rate of 7.1%
• 6 in 10 children (59.3%) aged 3-17 years with anxiety received treatment.
Opportunity to intervene.....

- Wellchild checks
- School Physicals
- Episodic visits

Points of contact

Goals of Care

- Determine the problem: Screen
- Determine the response: Discern coping
- Determine the scope: What is the impact of the problem

Process

Re-evaluate at each touchpoint

What does the Mood Ring offer?

- A self reflection "timeout"
- A stop and think opportunity
- A biofeedback option to assess feelings or moods
- A nonjudgmental picture of present mood

Alternatives to mood rings...

- Individual mood rings can be expensive for a provider to supply
- Less expensive ones may cause nickel allergy or turn fingers green
- Biodots work in similar way
- Very small so not ideal for small children (neither are rings!)

Self awareness is the first step

Alternatives to mood rings...

- Individual mood rings can be expensive for a provider to supply
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Mood Ring Parenting

- Be Proactive
- Teach Stop and Think
- Teach Belly breathing
- Touchpoint at each visit to reinforce and evaluate

Take home message
References


Mindfulness and ADHD in Pediatric Primary Care
Stephanie M. Key, MSN, APRN, CPNP-PC

Disclosures
I have no financial or conflicts of interest to disclose with this presentation.

Learning Objective
Describe use of mindfulness in pediatric patients with ADHD

Mind Full, or Mindful?

Purpose
Use with permission from Dr. Heidi Forbes Oste

Design
Program implementation & evaluation

Setting
• Urban pediatric primary care office
Methods

- Introduction of mindfulness
- Headspace mobile application
- Brief interventions
- Evaluation

Discussion

- Next steps
- Reminders
- Value of time
- Mental health

Clinical Implications

How can you implement mindfulness with your pediatric patients?

What impact might you see in children and adolescents who are encouraged to practice mindfulness?

One step at a time…….

References


Contact information: skey@mail.nur.utexas.edu
Session 415
The Weight of Words
Bullying & Bias in Pediatric Obesity

Goldie Markowitz, MSN, CRNP
Nurse Practitioner
Healthy Weight Program
The Children's Hospital of Philadelphia

Disclosures
I do not have any financial conflicts of interest to disclose

Learning Objectives
• Identify one source of weight based messaging and describe its impact on children and adolescents

Weight Messaging

https://www.worldobesity.org/what-we-do/policy-priorities/weight-stigma

https://nutrition.org/nutrition-messaging-right/
Is weight bias and bullying benign?

71% of adolescents seeking weight loss treatment report being bullied about weight in the last year

Cyclic obesity/weight-based stigma (COBWEBS) model

- Bullying
- Obesity/Weight Based Stigma
- Avoidance of health care
- Weight Gain
- Stress
- Increased Eating
- Increased Cortisol

Discrimination or stereotyping based on a person's weight

https://www.worldobesity.org/what-we-do/our-policy-priorities/weight-stigma
https://www.nationaleatingdisorders.org/weight-stigma

Bullying
Victimization
Avoidance of health care
Weight Gain
Stress
Increased Eating
Increased Cortisol

Consequences

<table>
<thead>
<tr>
<th>Patient Response</th>
<th>Societal Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Depression</td>
<td>• Blaming children</td>
</tr>
<tr>
<td>• Anxiety</td>
<td>Lazy</td>
</tr>
<tr>
<td>• Body Shame</td>
<td>Does not want to work hard</td>
</tr>
<tr>
<td>• Self-harm</td>
<td>Loss of control</td>
</tr>
<tr>
<td>• Disordered eating/Binge eating</td>
<td>• Blaming parents</td>
</tr>
<tr>
<td>• Substance Abuse</td>
<td>Permissive</td>
</tr>
<tr>
<td>• Suicidality</td>
<td>Does not care</td>
</tr>
</tbody>
</table>

Ethical issue: DYFS

Words Matter

<table>
<thead>
<tr>
<th>Not This</th>
<th>Use This</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese, Extremely Obese</td>
<td>BMI or Weight</td>
</tr>
<tr>
<td>Fat, Heavy, Large</td>
<td>BMI or Weight</td>
</tr>
<tr>
<td>We need to check your weight</td>
<td>We need to check your growth</td>
</tr>
<tr>
<td>Obese Child</td>
<td>A Child with obesity</td>
</tr>
</tbody>
</table>

Take Home Points

- Words do hurt
- Bullying and Bias is not benign
- Weight stigma impacts all ages
- Ask permission to talk about weight
Test Yourself: True or False

• The persistence of weight stigma in a child will help motivate change and promote weight loss
• Children as young as toddlers have been victims of weight stigmatization
• Within the Hispanic culture, calling your child “fat” is a term of endearment
• Society believes that our attitudes (i.e. laziness) makes us fat
• The media continues to target young children and adolescents with weight-based stigma
• Health Care Providers are always mindful of the words he/she use when communicating with children

References


Building your Toolkit

• Bullying
  • Stop Bullying Now: www.stopbullying.gov/adults/default.aspx
  • Centers for Disease Control: www.cdc.gov/violenceprevention/teambullying.htm

• Weight Stigma and Victimization
  • Rudd Center for Food Policy & Obesity: www.ruddcenter.org
  • Resources regarding weight stigma, how to incorporate into a practice, media, literature
  • AAP Institute for Healthy Childhood Weight: Change Talk
    • www.go.kognito.com/change.jpg
  • Obesity Action Coalition
    • www.obesityaction.org

Thank you!

Children’s Hospital of Philadelphia
Screening for Drug and Alcohol Use in the Adolescent Patient Utilizing the Screening to Brief Intervention Screening Tool (S2BI)

Christine DiPaolo, DNP
Adolescent Medicine
Nemours
Wilmington, DE

Disclosures
None

Learning Objectives
• Understand the financial costs of addiction
• Become familiar with drug use statistics in the adolescent patient
• Understand addiction is a pediatric disease
• Become familiar with screening tools that are available for drug and alcohol use
• Become familiar with the S2BI screening tool

Adolescent Addiction

Alcohol, tobacco (vaping), marijuana and prescription drugs continue to be commonly abused substances among adolescents (MTF, 2019)

Screening for Substance Use Disorders
• The terms substance abuse and substance dependence are no longer used by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
• These terms have been replaced with substance use disorder (SUD). Substance use disorders are described as mild, moderate or severe depending on the level of substance use severity.
• Substance use disorders are defined as the repeated use of alcohol and/or drugs, which causes impairment clinically or functionally (American Psychiatric Association, 2013).
Addiction

- Addiction affects all—cutting through all socioeconomic, geographical and racial lines
- The estimated cost of drug abuse in the U.S. is over 720 billion a year exceeding the cost of other chronic illnesses (NIDA, 2017).
- The NDIC (2011) estimates that the annual cost of drug-related crime in the United States is more than $61 billion
- Substance abuse in the U.S. costs society in crime and lost productivity. (NIDA, 2017)
- The Lancet (2018) reports alcohol use is responsible for 2.8 million deaths and is the leading risk factor for premature death and disability for ages 15–49 years.


- The majority of drug overdose deaths in 2015 were unintentional
- Rates of drug overdose involving opioids among adolescents aged 15–19 tripled from 1999 to 2007, declined from 2007 to 2014, then increased in 2015
- Among opioids, rates of drug overdose deaths among adolescents aged 15–19 in 2015 were highest for heroin.

High School Risk Behavior Survey, 2017

- Over 15% of high school students had their first alcohol drink before the age of 13 (more than a few sips)
- 7% of high school students had tried marijuana before the age of 13
- 14% of high school students had tried prescription drug without a nurse practitioners order
- 2% of high school students had tried heroin
- 42% of high school students were currently using a vape product

Adolescent Drug Use

- 2.0 million adolescents (7.9%) reported using an illicit drug within the past month (Behavioral Health Survey, 2017)
- 1.3 million (5.3%) of teens reported binge drinking alcohol within the past month (BHS, 2017).
- 1 in 5 teens have abused prescription medications, according to the Centers for Disease Control. (NIDA, 2019)
- Approximately 21 percent of high school seniors have reported using marijuana in the past month, according to the National Institute of Drug Abuse (MTF, 2019)

Adolescent drug use

Using on a developing brain

- Early drug use may alter brain maturation, contribute to lasting cognitive impairment and increase susceptibility of developing a substance use disorder. (Winters & Arria 2011)
- The earlier the substance use, the higher the risk for SUDs.
- SAMHSA (2013) reported those who used alcohol before the age of 12 years had a lifetime alcohol dependence rate of 40%. Those that tried marijuana before 14 years were likely to develop a SUD during their lifetime.
Screening for Substance Use Disorders

- Most addicted adults started using in their adolescence. (NPR, 2015).
- Using drugs and alcohol on a developing brain increases the chances of becoming addicted (NPR, 2015).

**Age at First Use and Later Risk of SUD**


Screening for Substance Use Disorders

- The American Academy of Pediatrics (AAP), (2011) recommends pediatricians and APNs provide substance use screening and education to adolescents during routine medical appointment utilizing a validated screening tool (AAP, 2011).

- Screening for teen substance use is an important part of the adolescent medical visit. The U. S. Substance Abuse and Mental Health Services recommends Brief Intervention and/or Referral to Treatment as a tool that providers could use to screen for substance use in adolescents (SAMHSA, 2015).

**In the past year, how many times have you used...**

- Tobacco?
- Alcohol?
- Marijuana?
- STOP if all "Never." Otherwise, CONTINUE

- Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
- Illegal drugs (such as cocaine or Ecstasy)?
- Inhalants (such as nitrous oxide)?
- Herbs or synthetic drugs (such as salvia, "420," or bath salts)?

S2BI Diagnostic Tool

<table>
<thead>
<tr>
<th>S2BI</th>
<th>In the past year, how many times have you used:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No use</td>
<td>Positive Reinforcement</td>
</tr>
<tr>
<td>Once or twice</td>
<td>Brief Advice</td>
</tr>
<tr>
<td>Monthly use</td>
<td>Minimal Intervention (Assess for problems , advice to quit, make a plan</td>
</tr>
<tr>
<td>Weekly use</td>
<td>Severe SUD</td>
</tr>
</tbody>
</table>

**Screening to Brief Intervention (S2BI), a drug and alcohol-screening tool that screens adolescents for SUDs.**

- Levy et al. (2014) developed screening to brief intervention (S2BI), a drug and alcohol-screening tool that screens adolescents for SUDs.
- The S2BI assesses past-year frequency use for alcohol or other drugs that triages into one of the four actionable categories (risk categories) to assist the provider in guiding interventions.
- Interventions are based on what risk category the patient falls under.
Conclusion

According to Knight (2015) director of the Center for Adolescent Substance Abuse Research at Boston’s Children’s Hospital, “Addiction is a pediatric disease.” “When adults entering addiction treatment are asked when they first began drinking or using drugs, the answer is almost always the same: They started when they were young teenagers (National Public Radio [NPR], 2015).”

References


https://jamanetwork.com/journals/jamapediatrics/article-abstract/2758103

http://www.monitoringthefuture.org/
The Painful Truth of Children with Addicted Parents

Riza V. Mauricio, PhD, APRN, FCCM, CPNP-AC
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Disclosures
The speaker has no off-label use to be discussed and no relationship to disclose.

Learning Objectives
• Discuss the negative effects of addicted parents on the growth and development of a child.

Background
• Significant increase in NAS from 2004-2014 (NIDA)
• Equivalent to birth of babies with opioid withdrawal q 15 minutes
• 1 in 8 children (8.7 million) aged 17 or younger are living in a household with at least 1 parent who had SUD in the past year (NSDUH, 2016)
• Substance abuser has parenting deficit, substance use affect maternal-infant bonding
• Negative impact on children includes difficulties in academic and social settings, family functioning, lower SES, etc.

Family Context and Potential Vulnerabilities
• Family Context:
  • SUD and more frequent consequences and dependency symptoms: consistent predictor of negative outcomes
  • Higher risk for negative outcomes: if a parent has SUD + psychiatric disorder or both parents have SUDs.
• Vulnerabilities:
  • Academic/Cognitive Function – Example: delayed language
  • Emotion/Behavior/Social adjustment – Example: oppositional defiant disorder
  • Substance Use Disorder – from prolonged exposure

Infant BRAIN Development
• Building a healthy foundation for brain development
• “Serve and Return” interaction
• Development of basic emotional and social skills
• “good stress” vs. “toxic stress”
• Toxic stress-can lead to lifelong problems
• Early years of healthy development = individual success (education/economics), responsible citizens in the community
Community Responsiveness

- WE are in a unique position to identify and assess child’s risk and intervene to protect the child
- Community Outreach
- Substance Addiction Prevention Program
- Collaboration with parents/child and schools in the community
- Parent and child education
- Helping Better FUTURE for our CHILDREN

References:

- Center on the Developing Child. www.developingchild.harvard.edu