Conquering System Issues Together

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Kempe

The Medical Perspective

CARE Network Goals for Medical Provider

INPUT → OUTPUT

- Medical Evaluation
  - History & info from child
  - Pyschosocial history
  - Developmental assessment
  - Behavioral health screen
  - Physical Exam with findings (photos)
- Collaboration

- Written report
- Opinion about whether injuries or condition is related to maltreatment
- Identify medical issues
- Identify behavioral health issues
- Identify family needs
- Treatment recommendations
- Warm hand-off to referrals when possible
- Communication with non-medical professionals
  - Written, phone, in person
- Testimony

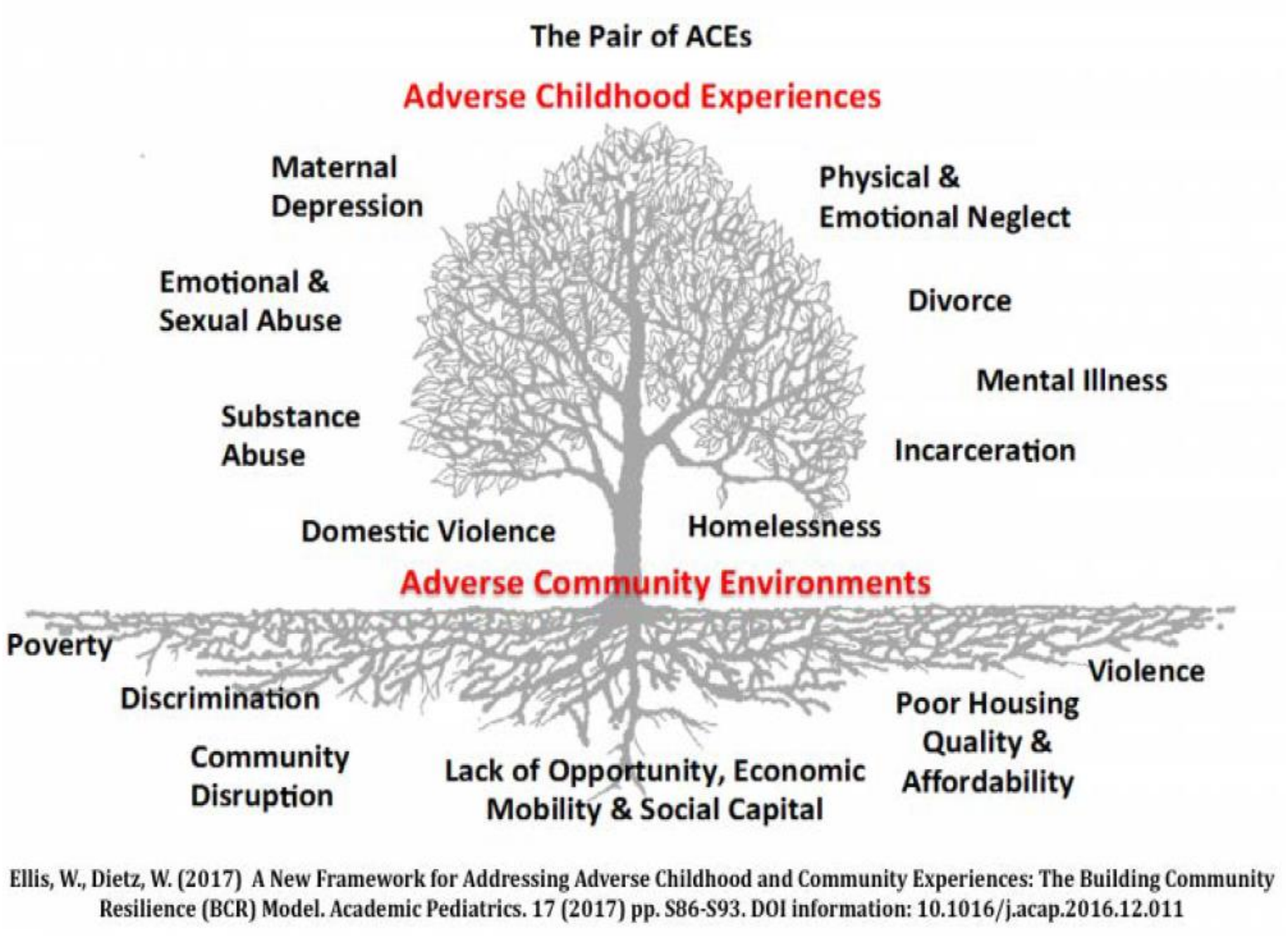
Recognition → Treatment → Coordination → Improved Outcomes

Screening is Prevention

"The patient who comes to us has a story that is not told, and which as a rule no one knows of... . It is the patient's secret, the rock against which he is shattered. If I knew his secret story, I have the key to the treatment. The doctor’s [provider’s] task is to find out how to gain that knowledge." Jung

Honoring the Roll We Play

- Pay attention to patients' emotional well-being
- Listen deeply and respond to patients' concerns and questions
- Have a sustained practice of checking-in and providing reassurance
- Seek and use authentic feedback from patients
- Promote relationship with patients



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Beyond ACEs

- Good and bad experiences shape our brains
  - Esp during periods of rapid brain growth
- Good experiences improve our health and promote health development
- Good experiences help us heal

Beyond ACEs: Protective and Promotive Factors

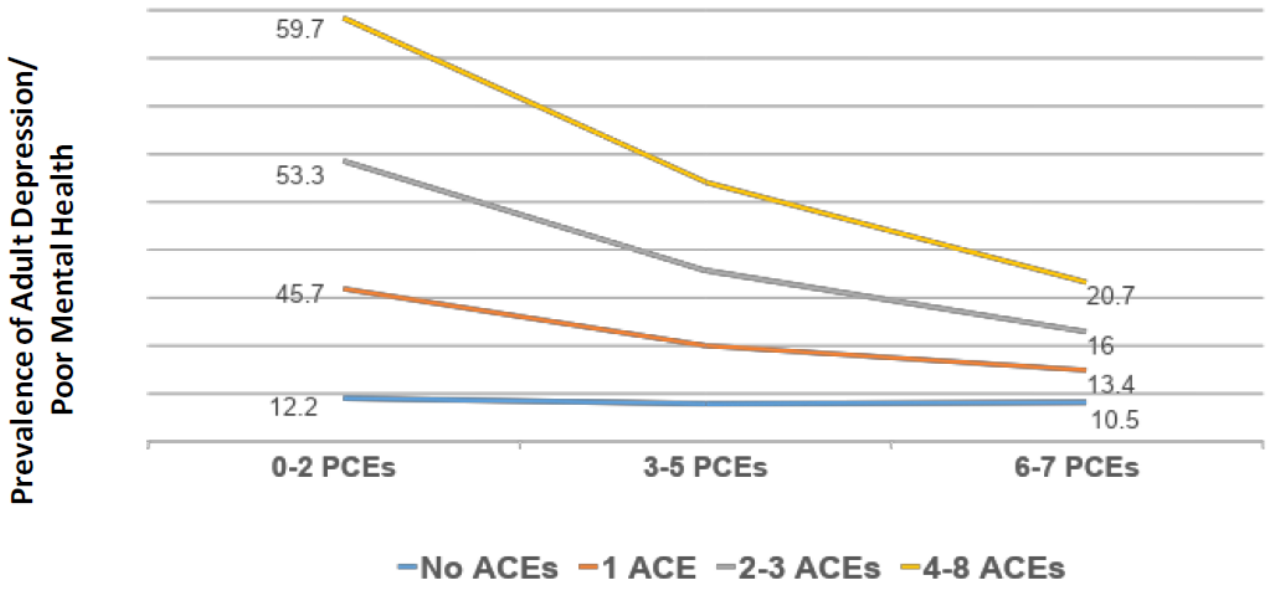
Protective means: conditions or attributes of individuals, families, communities, or the larger society that mitigate or eliminate risk.

- Parental resilience
- Social connections
- Concrete support in times of need
- Social and emotional competence of children

Promotive means: conditions or attributes of individuals, families, communities, or the larger society that actively enhance well-being.

Beyond ACEs

Positive Childhood Experiences (PCEs) Can Mitigate Effects of ACEs



Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatrics*. 2019;173(11):e193007. doi:10.1001/jamapediatrics.2019.3007

HOPE

- The Building Blocks of HOPE:
  - Have meaning at the family and community level
  - Should be advanced at the service delivery level
  - Can be and must be supported by public policy

HOPE -- A paradigm shift for early childhood and society

- Focus on child and caregiver in context of family & community
- Focus on early experiences and relationships of child
- Science-based, strength-based and family-centric
- Foundational to equity, resiliency, recovery and protection
- Recognizes cultural variability in parenting, but sees emotional health as universal
- Is not one program, but an “all-in approach” across all place-based, community efforts

Parallel Process: Promoting HOPE Principals Among Professionals

STRONG PARTNERSHIPS

Goals

- Collaborative approach to early identification and intervention
- Mutual respect
- Shared responsibility in the prevention of child abuse/neglect
- Information sharing for optimal decision making

Challenges

- Confidentiality concerns
- Cumbersome medical record systems
- Access to care
- Time constraints
- Silos

Child Welfare Perspective

Social Service Safety Screening

Opportunity to partner with medical providers

Young parents

Vulnerable infant

Substance use

Mental illness

Lack of knowledge of child development

Low income

Adverse life experiences

Current or historical trauma

Distorted beliefs about parenting

Too many people living in a household

Low education

Casework Perceptions

Myths and Misconceptions

- Medical providers can definitively confirm or refute abuse
- If the medical provider can't prove it, no one can
- Many cases are INCONCLUSIVE

Reality

- The medical opinion is just one piece of the puzzle
- CW burden of proof does not require a definitive opinion
- We make the best decisions with the best data that we have

Personal Case Example

- Young child with head injury – skull fracture and bleed
- Initial medical opinion of abuse
- Removal in middle of the night based on medical opinion
- Personal connection with family
- Later expert opinion contradicted initial opinion
  - (skull fracture with epidural hemorrhage)
- Child died
- Later conversation with father

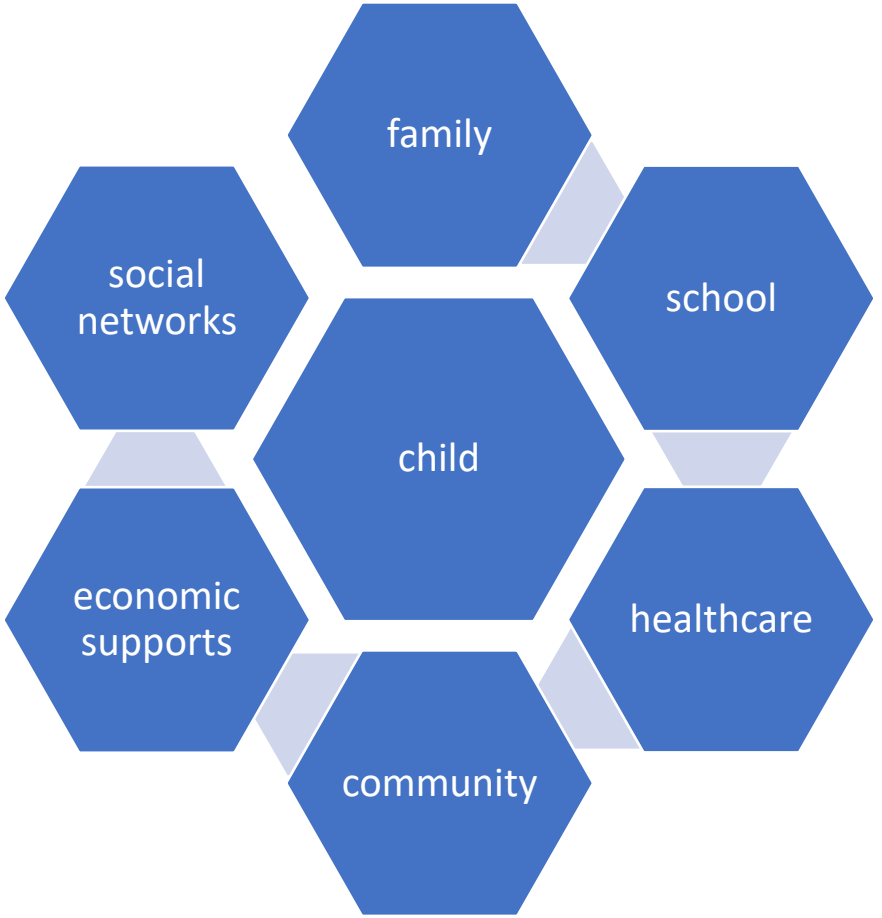
“The Gray”

- Considering inconclusive → GET MORE DATA!
- Adhere to best practice
- Careful documentation in case of future reports
- Culture shift
  - From Vol 7/CSAT requirements vs recognizing the family’s rights

Building Blocks

- Consider other information sources
- Find other ways to engage the family
- Consider prevention services

Differential Response



When Conflict Arises

- RELATIONSHIPS!
- In Grand Junction, our CW/Med partnership started as a community collaboration
- Standing weekly meeting
- Open communication
  - Address issues quickly
  - Sense of safety to address sensitive subjects
- Group meetings between CWs and med providers

Expectation of Medical Provider

- History!!! And lots of it…
- Red Teams
- Developmental assessment
- Educating SW about the long-term risks of abuse to child
- Considering big picture for child and family, not just on the immediate issues
- Communication/Access
- Written documentation

Documentation

- HELPFUL
  - Thorough and included information that probably came from
  - Some unique history – pregnancy
  - More detailed behavioral history
  - More in-depth recommendations including time that treatment might take
- NOT HELPFUL
  - Thorough but didn’t add anything new that a CW couldn’t add
  - “Check-boxes”
  - Vague recommendations

Discussion prompts

Case Examples

- Medically complex child with concerns of medical neglect. Parents loving but financially under-resourced and with their own developmental delays.
- Infant with failure to thrive and a healing rib fracture. Mother appears anxious and father is distant. There are supportive grandparents, but they do not understand concerns of maltreatment.
- 3-year-old child is brought to clinic for concerns of sexual abuse by stepmother who states that child disclosed abuse by one of mother's friends. History reveals that "disclosure" came after stepmother asked multiple leading questions after finding the child engaging in normal sexual behavior.

Thought Provoking Questions

- What characteristics support a strong working inter-professional relationships?
- Are there recommendations you can make in your reports, leveraging community resources to promote “building blocks” of HOPE?
  - Relationships
  - Environments
  - Social-emotional development