



2022

PEP UPLIFTS PARENTS OF KIDS WITH MOOD DISORDERS

In 2020, during the first months of the pandemic, Sonig Schiller's 11-year-old daughter, Sadie, was diagnosed with anxiety, depression, suicidal ideation, and disordered eating. This led her to inpatient stays at Bradley Hospital, and various types of outpatient therapy.

With time, Sadie responded to treatment and is "doing great" today, Sonig shares.

But Sadie wasn't the only one affected by her diagnoses; a child's psychiatric or behavioral health disorder often challenges the entire family.

"I was scared. I was frustrated. At times I was angry," says Sonig, looking back on the first year of her daughter's treatment. "The biggest feeling was the heaviness. It was a constant, constant heaviness. And we were brand new to this mental health world and it was really frightening at first."

Attending Bradley's Psychoeducational Psychotherapy (PEP) Parent Therapy Group last year made a world of difference for Sonig and her family.

Led by clinical psychologist Kerri Kim, PhD, the evidence-based PEP Group provides education and support for the parents of children ages 7 to 13 who have a mood disorder or mood dysregulation symptoms. Parents are educated on symptoms, the course of the disorder, and effective treatments. The group also teaches positive parenting strategies for managing children's mood and behavior, and addresses parent-specific coping and self-care strategies.

Parents are essential to a child's treatment, Dr. Kim says. "As an outpatient clinician, when I see a child for one hour a week, it's such a tiny portion of their life, whereas parents are there on the frontlines doing the work, day to day," she explains.

Making sure that parents are informed and have an accessible range of tools to pull from is critical, she adds.



Sonig and Sadie Schiller

"Through the group, I realized that things might pop up again for my daughter in the future. Now I have the tools to handle them."

—Sonig Schiller

Each parent PEP cohort meets on Zoom for one hour a week for 12 weeks. Parents have commented that the online delivery system allows them the flexibility to participate more easily than if the program were to meet in person, Dr. Kim says.

One or more specific topics is covered in each session. For example, one week focuses on problem solving.

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Parents are asked to identify a difficulty related to the child's mood disorder and come up with a range of possible options for managing it. For homework, they are asked to test out one or more of the options and then reflect on how it worked.

"They're living their typical life while implementing these skills," Dr. Kim explains.

There were many helpful aspects to participating in the group last year, Sonig says. The one that stands out the most was being able to connect with other parents who could relate to her family's struggle.

"It provided me with a safe and comfortable space to share and talk," she says. "It also allowed me to see and understand that others are going through similar challenges—sometimes much more difficult challenges. To be able to share stories, advice, and the roller coaster of emotions was really special and important."

Supported by an American Psychological Foundation grant, Dr. Kim is studying outcomes associated with the group. She hopes the research will eventually help other providers design similar parent groups.

"Unfortunately, within the field of child mental health, there is currently no determined way to include parents," Dr. Kim says. "So, depending on the provider, the program, the facility, it may look different."

The group also works to dispel judgment and stigma around mental health struggles. Mood disorders are fundamentally biological illnesses, the course of which is greatly impacted by the psychosocial environment, Dr. Kim says.

The PEP motto, therefore, is: "It's not your fault, but it's your challenge."

The saying resonates with Sonig. "Through the group, I realized that things might pop up again for my daughter in the future," she says. "Now I have the tools to handle them."

TIPS FOR PARENTS OF CHILDREN STRUGGLING WITH MOOD DISORDERS

Provided by Dr. Kerri Kim



1. Consistently track mood "ups and downs," as well as medication adherence, sleep, and other notable life events.
2. Respond to your child's distress by acknowledging their feelings. Validating their emotional experience can lower the intensity of the situation and lead to more productive communication.
3. Parenting is hard work! Parenting a child with a mood disorder is even harder. When thinking of how best to support and help your child, remember the airline oxygen mask directions: "Put your oxygen mask on first before helping others."



Mindcast:
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DELIVERING CARE ACROSS THE COUNTRY THROUGH BRADLEY REACH™

In response to the alarming surge in need for mental and behavioral health care among children and adolescents, Bradley Hospital has developed an innovative telehealth solution called Bradley REACH™ (Remote eTherapy for Adolescents and Children). The new program is set to deliver the hospital's partial and intensive outpatient programs—including those for mood disorders, anxiety disorders, and co-occurring disorders—to patients' homes in partnership with hospitals and health centers throughout the country.

IN THE FOLLOWING Q&A, BRADLEY REACH™ DIRECTOR ELLEN HALLSWORTH SHARES MORE ABOUT THE PROGRAM.



Ellen Hallsworth

What inspired the creation of Bradley REACH™ ?

The idea to expand our services using telehealth came out of the widespread move to remote treatment at the start of the pandemic. For many patients, the results were as good as in-person treatment. And in a lot of ways, it was easier for kids and parents, who, for example, didn't have to worry about driving their kids a long distance or missing work to participate in family therapy. We realized that we could bring our high-quality, evidence-based programs anywhere, really.

How will Bradley REACH™ work?

There are three elements: service delivery, consulting, and education. The service delivery aspect of the work will be delivered by Bradley clinicians. The patients will mostly remain patients of their own hospitals or community mental health centers, but these partners will subcontract with Bradley to provide care through our programs. The consulting and education aspects will involve training providers in hospitals and other provider organizations to build capacity in the workforce nationally.

Can you explain how the program will increase access to care?

The United States has a severe shortage of pediatric psychiatrists and other mental health care providers. The workforce is really a fraction of what it needs to be to meet demand. Through telehealth, we are able to bring together clinical resources from all over the country to create programs that otherwise could not exist to meet the level of need we are seeing today. And we are very excited about the potential to bring our programs to historically underserved communities such as rural areas and tribal nations. Finally, kids often wait until they are in crisis mode to seek help, and that's a problem for many reasons. Our programs help kids get better safely at home before they reach the point of needing more intensive care.

FOR DOCTORS, PediPRN IS JUST A CALL AWAY

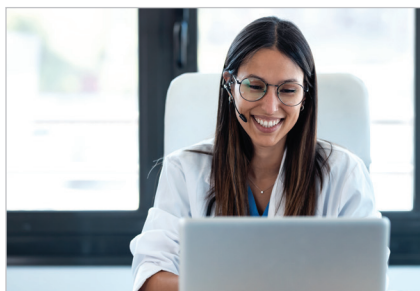
Think of it as a mental health hotline for Rhode Island pediatricians.

Facilitated by Bradley Hospital, the Pediatric Psychiatry Resource Network (PediPRN) widens access to children's mental health care by integrating into primary care practices throughout the state. As part of the grant-funded program, Rhode Island pediatricians can call the PediPRN phone line, Monday through Friday, to consult with a Bradley Hospital psychiatrist on a patient's needs.

Pediatricians are skilled generalists but may not have received extensive training in behavioral and mental health care. During the consultation, the psychiatrist may assist the primary care provider in developing a treatment plan; request to see the patient for a face-to-face evaluation; or provide a referral for inpatient or outpatient treatment.

"The need for this service is significant," explains Bradley Hospital child psychologist and PediPRN project manager Sarah Hagin, PhD. "Even before the pandemic, the country was experiencing a mental health care provider shortage, and the crisis has only gotten worse over the last two years. Through the support of this program, a child can begin to receive treatment right away, even if there is a long wait to see a psychiatric specialist."

"A big part of our mission is making sure care is available for everyone who needs it," Dr. Hagin says. "If the PCPs are supported and empowered to treat the more mild and moderate cases of things such as anxiety, depression, and ADHD, it frees up the child psychologists and psychiatrists to see the more complicated cases."



SAFEQUEST EXPANDS TO HELP MORE KIDS

Bradley Hospital is continually expanding its programming to meet the current unprecedented demand for mental and behavioral health care. This includes increasing its offerings of an already successful SafeQuest program to a new group—children ages 9-12. Building on the longstanding success of SafeQuest for Adolescents, the kids' version is an intensive after-school program for children who have mood disorders, attention deficit/hyperactivity disorder, trauma, psychosis, or self-injurious behavior.

"We often see kids who have complex cases, and in, many cases, multiple diagnoses," says Mandy Witkin, LICSW, MEd, Clinical Director Children's SafeQuest. Launched in 2021, Children's SafeQuest provides patients with a partial hospital-level of care on weekdays, while also allowing them the important continuity of remaining in school throughout treatment.

Children receive group, family, and individual therapy throughout the course of their time in SafeQuest. The program focuses on a different therapeutic topic—including distress tolerance, emotional regulation, interpersonal communication, and mindfulness—each week. "Our treatment modality is unique in that we focus a lot on dialectical behavioral therapy (DBT) skills in addition to other treatment modalities such as more traditional cognitive-based therapy (CBT)," Witkin says.

Children attend for an average of eight weeks, allowing them to build strong relationships with providers and other kids. "It's so rewarding to see the growth that happens to kids and families over that time," Witkin adds.

Free the Future, a publication of the Bradley Hospital Foundation, is published for the friends and supporters of Bradley Hospital. For more information, please contact the Development Office at 401-432-1451.

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