

Pediatric Consultation Liaison

Division 54 SPP Special Interest Group Newsletter



A Note from the Co-Chairs: Kris Kullgren and Courtney Fleisher

What a great meeting at SPPAC! We had a significant presence from CL related posters, our SIG symposium and a productive SIG meeting. It was great to see everyone, and we missed our CL colleagues who were unable to make it. Our SIG meeting was attended by around 40 members, almost half of whom are trainees—it was exciting to see so many pediatric psychology trainees interested in CL. Our meeting reviewed the progress of our leadership group and included lively discussion of billing and staffing challenges. Look forward to an upcoming survey about program structure...there was interest in having this data publicly available to assist different programs in their planning. We also welcomed Courtney Fleisher as our new CL co-chair for 2015-17. We want to give a big thanks to Suzanne Thompson who recently finished her term as Co-Chair for her leadership in beginning and growing the SIG to where we are today. We hope to have another productive year, and we look forward to seeing everyone at SPPAC 2016 in Atlanta, GA April 14-16!

Inside this Issue

- Pg 1 A note from the Co-Chairs
- Pg 2 SPPAC 2015 CL Symposium
- Pg 3 SPPAC 2015 CL Posters
- Pg 4 CL Research Highlights
- Pg 5 Research Spotlight
- Pg 7 Student Spotlight

SPPAC 2015: CL SIG Symposium

By: Kevin Tsang, PsyD

Our SIG had the honor of presenting at one of the two SIG symposia at this year's annual conference. The symposium theme was "Innovations in Consultation-Liaison." The speakers were Patricia Marik and Jacquelyn Smith from Children's Hospital of Wisconsin, Christina Limke and Kristin Kullgren from C.S. Mott Children's Hospital, and Courtney Craig from Primary Children's Hospital, with Kevin Tsang as chair.

Drs. Marik and Smith discussed the challenges faced in helping multidisciplinary providers understand the work of CL psychologists in a large medical center. Mechanisms for overcoming these challenges included a brochure providing education about the CL service, increasing visibility of and engagement with the CL service by scheduling didactics activities such as grand rounds, and building in integration with providers and demonstrating value via protocols such as screening related to trauma.

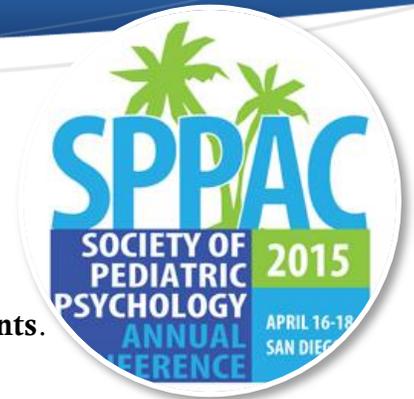
Dr. Limke presented on her experiences in implementing mobile (iPad-based) resources to support pain management in the pediatric hospital setting. She reviewed useful apps for training diaphragmatic breathing, to engage in distraction, and for other relaxation. Breathe2Relax, Relax Melodies, Me Move, and Bubble Wrap were the most popular applications and the program as a whole was very well received by patients and their parents. Practical tips for securing mobile technology and maximizing use of equipment were also discussed.

Ms. Craig reviewed the implementation and utility of a standardized screening measure for monitoring delirium in the pediatric intensive care setting. The Cornell Assessment of Pediatric Delirium (CAPD) was selected for use in her hospital for its simplicity, reliability, and brevity. This nursing led project was a good example of interdisciplinary collaboration as psychology provided the education, support, and framework for the screening. Nursing staff were very receptive to the screening tool. A clinical pathway/algorithm was subsequently developed to support future screening.

Dr. Kullgren discussed lessons learned in the roll out of a hospital-wide, in-room, peer education video project to supplement psychological intervention and psychoeducation. This innovative care delivery method utilized the GetWellNetwork Interactive Patient Care interface. Identifying internal grant funding, the process of filming these peer videos, and innovative strategies to capture nursing and physician awareness of this resource was discussed. Frustrating limitations with technology and realistic goal setting was reviewed. Although a slow start, use increased significantly after the first year when the program began advertising this resource in elevators. The program is well received by patients and families.

The SIG was grateful for this opportunity to highlight just a few of the innovative and exciting projects being developed at our various hospitals. We hope these presentations were informative, but also serve as inspiration for practitioners in our SIG to contribute and collaborate on future projects. The SIG is happy to serve as a support in coordinating interests, so please reach out if you have ideas you'd like to discuss!

SPPAC 2015 Consultation Liaison Posters



Explaining Medically Unexplained Physical Symptoms in Pediatric Patients.

Allison Allmon Dixson, Dedee Caplin, and Lisa Giles

Understanding the Unique Psychological Needs of Hospitalized Adolescents and Young Adults (AYAs) Referred for Inpatient Psychology Consultation. Kristin Kullgren and Sarah Sullivan.

From Trainee to Professional: Comparing Provider Perceptions in Inpatient Consultation Liaison (CL) Practice. Kristin Kullgren, Kevin Tsang, Rachel Kentor, Michelle Ernst, Bryan Carter, Eric Scott, and Sarah Sullivan.

Texting, Video Chatting, Social Networking: A New Frontier in Coping with Illness and Hospitalization? Sarah Martin, Lindsey Cohen, Anya Griffin, and Ifigenia Mougianis.

Widespread Pain in Medically Hospitalized Youth with Somatic Symptom and Related Disorders: Links with Disability, Life Stressors, and Secondary Gains. Edin Randall, Simona Bujoreanu, Christine Choi, and Patricia Ibeziako.

To Inform or Not to Inform? Decisions about Discussing Traumatic Loss with Hospitalized Pediatric Patients: A Needs-Assessment of a Multidisciplinary Medical Team. Nicole Schneider, Dara Steinberg, Maria Grosch, and Virginia Cline.

Utilization of Pediatric Psychology Consultation-Liaison Services at an Urban Tertiary Care Children's Hospital. Sara Tapsak, Stephanie Peters, and Melisa Oliva.

Predictors of Urgency in Referral Placement for an Inpatient Pediatric Psychology Consultation-Liaison Service. Jessie Wong, Jillian Thrall, and Melanie Bierenbaum.



Congratulations to Nicole Schneider and her colleagues on winning the first CL SIG Poster Award!

To Inform or Not to Inform: Decisions about Discussing Traumatic Loss with Hospitalized Pediatric Patients: A Needs-Assessment of a Multidisciplinary Medical Team

CL Research Highlights:

Training in Inpatient CL Services

By: Stephanie Peters, M.S., Psychology Intern,
University of Miami Medical School/Jackson
Health System

In order to increase collaboration among programs offering pediatric psychology training in inpatient CL, the current pediatric psychology general CL team at The University of Miami Medical School/Jackson Health System (Stephanie Peters, M.S., Sara Tapsak, M.S., and Melisa Oliva, Psy.D.) recently sent out a survey to Division-54 members. They received responses from 25 different programs – all of who offer training opportunities in inpatient CL at the practicum, internship, or fellowship level. The 22 programs that agreed to have their responses shared for the purpose of collaboration are named in the table to the right.

In addition, respondents communicated their opinions concerning the most important qualifications/competencies of pediatric psychology inpatient CL trainees. Peters, Tapsak, and Oliva are in the process of preparing a manuscript describing the aggregate qualitative data about these desired training competencies. The preliminary results indicate that the most frequent type of desired competencies are specific skills (i.e., differential diagnosis) followed by personality characteristics (i.e., flexibility). The subject of the desired competencies was most frequently related to interpersonal communication, followed by medical knowledge. Thank you to everyone who submitted responses! A copy of the institution list will be uploaded to the psychology resource bank. If you would like to submit your name, or contribute to the survey about CL specific training practices, please contact Stephanie Peters at stephanie.peters@jhs-miami.org.

Participating Training Institutions

Nationwide Children's Hospital
Indiana University School of Medicine
University of Miami/Jackson Health System
Cincinnati Children's Hospital
UCLA Semel
Children's Hospital of Richmond at VCU
Boston Children's Hospital
Kennedy Krieger Institute
Marshfield Clinic/St Joseph Children's Hospital
University of Michigan/C.S. Mott Children's Hospital
Children's Hospital of MN
University of Louisville School of Medicine/Kosair Children's Hospital
Geisinger Medical Center
Ann & Robert H. Lurie Children's Hospital of Chicago
CHOC Children's Hospital
Cleveland Clinic Children's Hospital
LSUHSC/Children's Hospital
Children's Hospital Colorado
A.I. DuPont Hospital for Children
University of Vermont Medical Center
University of Arkansas for Medical Sciences/Arkansas Children's Hospital
St. Louis Children's Hospital



Research Spotlight: Dedee Kaplin

By: Kevin Tsang, PsyD

Dedee Caplin is an associate professor of Pediatrics at the University of Utah School of Medicine, practicing as a pediatric psychologist at Primary Children's Hospital in Salt Lake City, UT. Faced with the challenges of how medically unexplained symptoms are discussed with patients and families, Dedee has worked on a quality improvement effort to improve such communications. Children with medically unexplained symptoms are often eventually diagnosed with chronic pain, chronic fatigue, or somatic symptom and related disorders. To help understand the process of developing and implementing such a quality improvement project, Dedee recently sat down for a Q&A:

How would you describe your communications project?

A work in progress. The original project was designed to standardize diagnostic communications with families and children in the hospital with medically unexplained symptoms. Communications with these families are historically difficult, of low yield, and result in dissatisfaction for all parties. Significant evidence exists that altering communications through positive statements, validation of experience, and avoiding a focus on psychological factors, can result in symptom improvement, patient satisfaction, and reductions in healthcare use on an individual level. However what has been lacking is information about in vivo implementation of these strategies across a system of care.

What began as a strategy to coordinate care through unified communication about medically unexplained symptoms in our medical inpatient population has become more of a campaign of "yes you can". Many of our medical practitioners are fearful of saying the wrong thing or not knowing how to respond to family questions. As a result they frequently avoid talking about the functional, behavioral and/or mental health aspects of a child's illness until they have exhausted all other diagnostics and end up alienating or offending families.

The project has become one of faculty and staff development. Through modeling, didactic trainings, and repetitive interactions, we have been able to improve consistency in communication in small groups within our hospital. Our inpatient rehabilitation team, one of our general medical teams, and our neurology team are all able to talk effectively with families about the functional, cognitive/behavioral, physical, and social/environmental aspects of an illness experience, using a simple spider diagram that has been developed and is currently being disseminated hospital-wide.

Continued from page 6

What we are still tracking and don't know yet, is whether the strategy will change outcomes. We are following families for readmission, satisfaction, and frequency of follow up with behavioral health upon discharge. We would like to add a way of tracking physician and staff satisfaction with working with these families, but have not yet developed a way of doing so.

What are some basic challenges you've faced?

By far the biggest challenge is getting clinicians to believe in and practice alternative communications with families about multidimensional aspects of illness. Whether it is prior training, prior experience, or comfort with simple cause and effect, we consistently find resistance to altering communications in pockets of our clinical staff and faculty. When surveyed on their discomfort, typical responses are that they believe the child is disingenuous or simply has a mental health problem, they want to avoid these patients and families, or they feel they have little to offer. Working with our faculty one group at a time has improved this somewhat, but it is a slower than expected process.

What are the most salient successes/outcomes?

Our hospital staff were looking for a more effective way of working with these families in our hospital system and have embraced the communication strategy. At the level of nursing, we have been able to implement the communication strategy with all nursing staff and are in the process of adding the spider diagram to all admission handbooks, so that each patient, upon admission, will understand that the illness experience, whether it be diabetes or chronic abdominal pain, has multiple dimensions that may be explored during their hospitalization.

Any other thoughts on novel approaches to research or inspiring words for other pediatric psychologists?

Quality improvement is a reasonable approach to clinical hands-on research. There are few internal controls that can be imposed in the ever changing inpatient milieu. Randomization and control are not often possible. As such, we end up having to be creative and flexible in our approach to studying clinical interventions. Even the smallest change in a large system can result in meaningful change and care improvement.



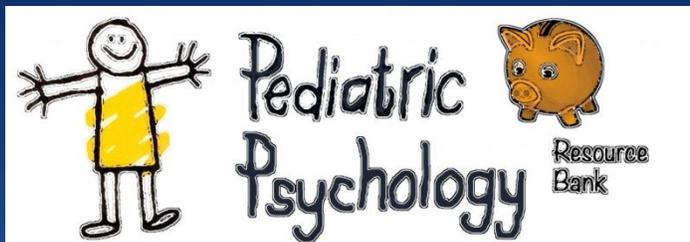
Student Spotlight: Jinsoon Lee, M.A. By: Megan Shelton, PhD

Jinsoon Lee is a Psy.D. candidate in the Clinical Psychology at Pepperdine University under the mentorship of Joy K. Asamen, Ph.D. She is currently a pre-doctoral intern at the APA-Accredited internship program at Children's Hospital Colorado in Aurora, Colorado, specializing in Pediatric Rehabilitation Psychology. She has been a member of Division 54 since 2012.

Throughout the course of Jinsoon's training, she has had exposure to various settings including community mental health clinics and medical hospitals. Her inspiration to become a pediatric psychologist came while working at the University of California Irvine Medical Center where she had her first opportunity to work with children who demonstrated various acute and chronic medical and psychiatric conditions, as well as the children's providers in other disciplines. Since then she has sought various experiences within pediatric psychology.

Her first exposure to CL services was as an extern at Loma Linda University Children's Hospital where she provided hospital-wide psychological care to children with various acute and chronic medical, surgical, and psychiatric conditions such as cancer, diabetes, epilepsy, genetic disorders, motor vehicle accidents, and suicide attempts. She also has had the opportunity to provide CL services to children and their parents in an intensive inpatient feeding program at Children's Hospital of Orange County. She has come to love the variety of patient populations and medical professionals she works with while providing CL services. She enjoys the unpredictability of the CL service, which requires her to be "on [her] feet and flexible" but also allows her to be creative in her interventions with children and their families.

Based on her CL work thus far, she has developed primary clinical interests in CL services, hematology/oncology, rehabilitation psychology, and neuropsychology. Jinsoon has accepted a fellowship position at Children's Hospital Colorado Center for Cancer and Blood Diseases focused on providing direct inpatient and outpatient clinical care to the pediatric oncology population. Following her fellowship, Jinsoon envisions a career in a pediatric medical setting where she can dedicate and focus her efforts on program development, training, and quality improvement to either create or expand the role of pediatric psychology in the prevention, early intervention, and treatment of children with acute and chronic conditions and their families to promote well-being.



Please contact Megan Shelton with nominations for the Fall 2015 Student Spotlight.

Thanks to everyone who committed to submit materials to the Pediatric Psychology Resource Bank. Please be sure to upload your materials! Your contributions are what make the bank a helpful professional tool for everyone! Contact Bryan Carter at bryan.carter@louisville if you need further information or want to forward your submission as an attachment.

If you want to highlight CL Research that you are working on and/or have published, let us know so we can share your work in the Fall newsletter! Contact Kevin Tsang for more information.

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