Mental Health Landscape for Pediatric Feeding and Swallowing

Presenters:

Dr. Carole Anne Hapchyn, MD, FRCPC

Victoria Micek, MScOT

Alberta Health Services

Pediatric Eating
And Swallowing

Welcome & Objectives

Objectives:

- Review mental health resources to support pediatric feeding disorder

- Considerations for referrals

- Treatment considerations

- Observational tools

- Overview of the NeuroRelational Framework (NRF)

- Break out rooms

We want to begin by acknowledging that
we are situated on Treaty 6 territory -
traditional lands of First Nations and
Métis people.

Edmonton zone resources:

- Site specific access to psychology, psychiatry, mental health therapist, social work
- Community Mental Health sites
- CASA
- Elm Tree Clinic
- Private psychology and other private services

Online resources:
[Webinars (alberta.ca)](alberta.ca)

Taking care of the caregiver −

Does your child have developmental, mental health or medical issues that need a lot of care? Would you like to learn some simple ways to care for yourself as you care for others?

If so, join this webinar to help you:

- recognize signs of caregiver fatigue and stress
- learn how caring for yourself helps your daily life and your relationships
- learn ways to support your emotional health

This webinar is intended for parents and caregivers of children from birth to 18 years with any or all concerns related to their development, mental health or medical condition.

Length of session: 1 hour
Type of session: Live online session – hosted on Zoom
Developed and delivered by: AHS psychologist and occupational therapist

Date and registration ↗

Online resources:

1. General behaviour management – https://www.triplep-parenting.ca/alb-en/ is free in Alberta and is a place I recommend parents start when they are struggling with managing challenging behaviour

2. Anxiety management – https://www.anxietycanada.com/

   - Understanding of how/why anxiety emerges and how to support kids through a lower level of anxiety.

   - My Anxiety Plan programs that parents/families can work through together.

   - It is very important that families have some sort of language around emotions and coping strategies for big emotions prior to starting a burst of feeding therapy because feeding has a large emotional component (for both child and adult) and the time could easily be spent on learning about emotions and not addressing the feeding concern.

Triggers for accessing MH supports:

1. Stable mental health condition/diagnosis that the child that directly impacts feeding issue. *Consultation for psychology when child not yet diagnosed to determine whether treatment is appropriate.

2. Complex family dynamics

3. Trauma

4. Developmental challenges

MH essential for treatment:

1. Unstable mental health (e.g., not diagnosed, medication difficulties, no psychologist/community mental health) – once a child is stable or there is a clear understanding of the developmental and/or mental health presentation, then the work regarding feeding can be addressed with the child and caregivers.

2. Avoidant/Restrictive Food Intake Disorder (ARFID) diagnosis

Treatment considerations:

- Support therapists to assess parent child interactions and relationship

- How to approach a caregiver who is experiencing challenges that impact feeding

Treatment considerations:

What can impact treatment:

- Buy in from caregivers

- Understanding parenting approach

- Readiness to participate

- Level of coaching required

- Food baggage – attitudes toward food, mealtime hygiene, eating practices

- Parent attune to child cues

Observational tools:

- The **Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO™)** is a checklist of 29 observable developmentally supportive parenting behaviors in four domains (affection, responsiveness, encouragement, and teaching). It is a positive, practical, versatile, culturally sensitive, valid, and reliable tool for practitioners that shows what parents can do to support their children's development.

- the **<u>A</u>typical <u>M</u>aternal <u>B</u>ehavior <u>I</u>nstrument for <u>A</u>ssessment and <u>C</u>lassification**, which is an observational tool anchored in attachment research that screens for disrupted parenting behaviors. The **AMBIANCE-brief** is a condensed version of the full instrument that can be used in clinical settings.

The Neurorelational Framework: NRF
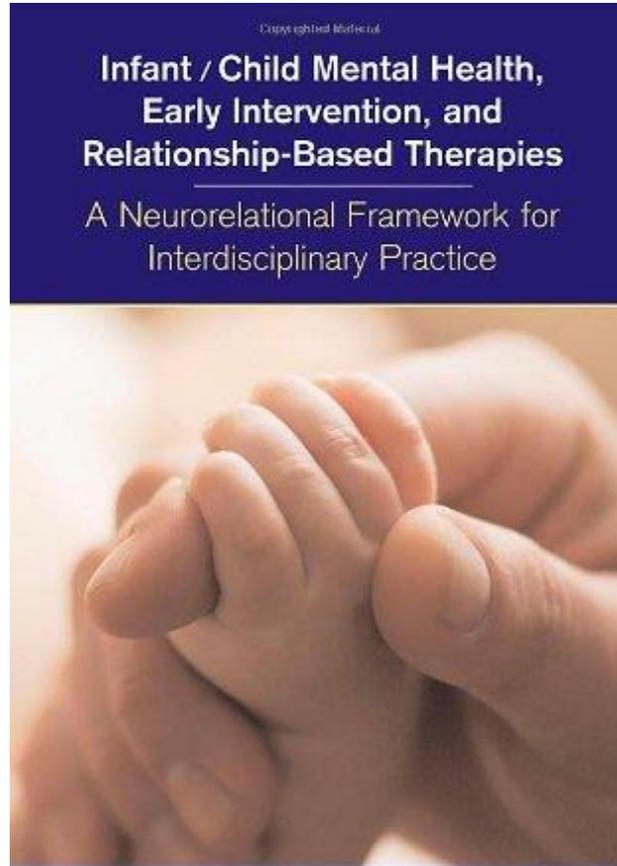
www.NRFcare.org

A NeuroRelational Approach to Client Care (youtube.com)

THE NEURORELATIONAL FRAMEWORK'S

Safety-Challenge-Threat Triad

Prioritize Relationships

SAFETY

Connect
Co-Regulate
Understand Needs

TWO WAY

Introduce Appropriate

CHALLENGE

Reflect on Needs
Match Development
Try, Evaluate, & Tweak

⚠️ WATCH FOR

THREAT

Fight/Flight
Flitting/Frenzied
Fright/Freeze
Flat
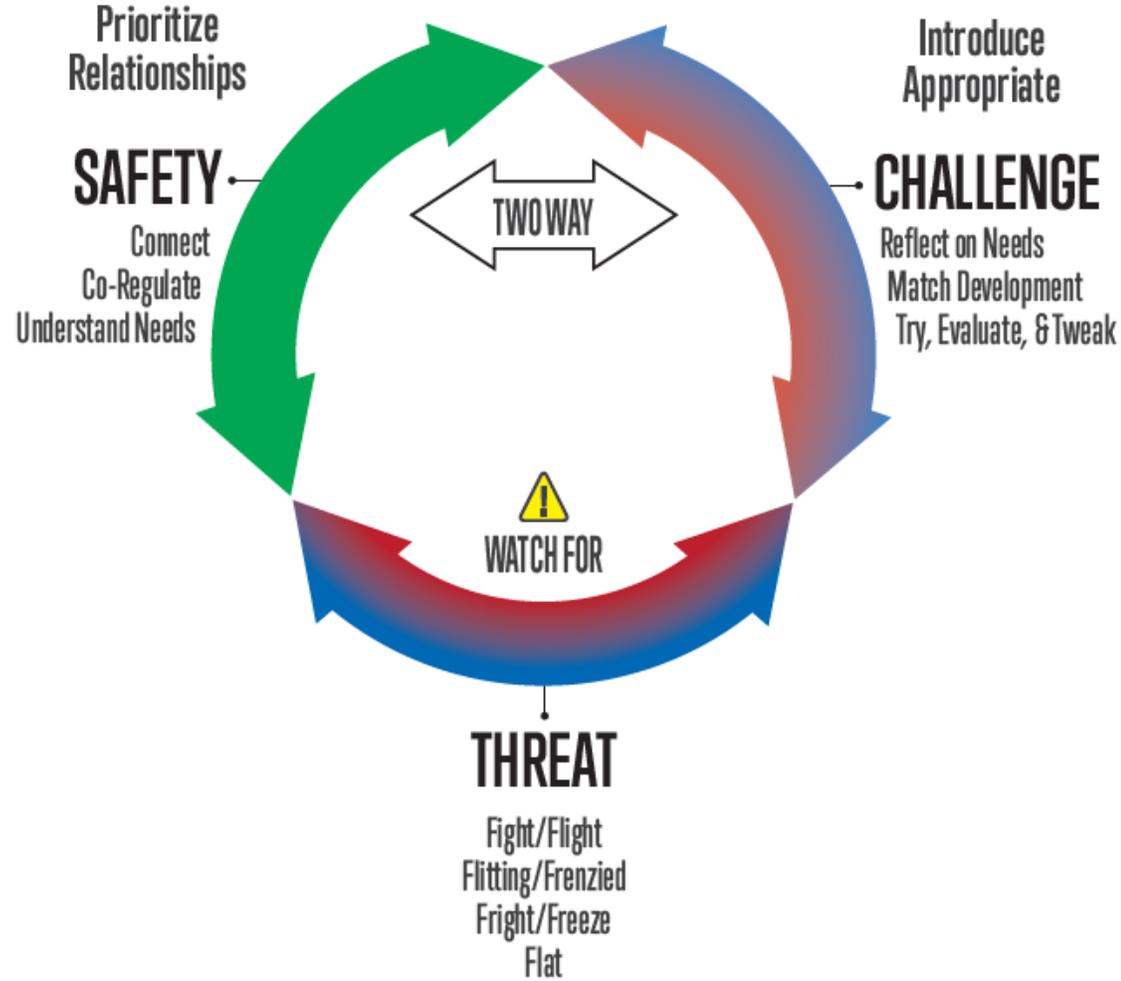
How can you document what stress looks like?

Biobehavioural Markers

How Can You Document What Stress Looks Like?

Interoception

THE NEURORELATIONAL FRAMEWORK'S

Involuntary Visceral Cues

STEP 1

NAME _____   DATE _____

Inside Body Part	Subtle Cues	Moderate Cues	Severe Cues
GASTRO-INTESTINAL (swallowing/ digestion/ elimination)	☐ Butterflies ☐ Difficulty swallowing saliva	☐ Sinking feeling ☐ Spitting up ☐ Hiccupping ☐ Heartburn, reflux ☐ Bowels churning ☐ Bowels cramping ☐ Excessive passing gas ☐ Bowel urgency	☐ Gagging ☐ Choking ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Fecal Incontinence ☐ Abdominal pain
GASTRO-INTESTINAL (swallowing/ digestion/ elimination)	☐ Butterflies ☐ Difficulty swallowing saliva	☐ Sinking feeling ☐ Spitting up ☐ Hiccupping ☐ Heartburn, reflux ☐ Bowels churning ☐ Bowels cramping ☐ Excessive passing gas ☐ Bowel urgency	☐ Gagging ☐ Choking ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Fecal Incontinence ☐ Abdominal pain
BLADDER (elimination)	☐ Mild urinary urgency	☐ Urinary urgency	☐ Urinary Incontinence

NRF NEURORELATIONAL FRAMEWORK INSTITUTE **R2R** RESEARCH TO RESILIENCE

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How Do We Identify Toxic Stress Patterns?

1 TOO FREQUENT/ TOO QUICK TOO INTENSE

2 TOO LONG TO RECOVER

3 DOES NOT ADJUST TO TRANSITIONS

4 POOR RECOVERY TO GREEN ZONE
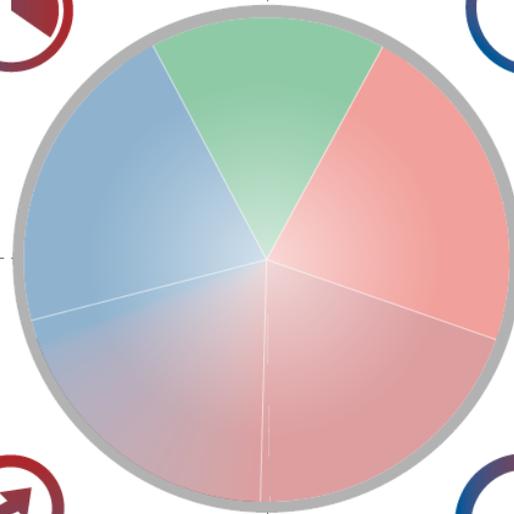
THE NEURORELATIONAL FRAMEWORK'S

Co-Regulation Supports the Development of Self-Regulation

OTHER

SELF

DEVELOPMENT →

Changing balance between other-regulation and self-regulation as a child develops into an adult. (From "Ports of Entry and the Dynamics of Mother-Infant Interventions," by A.J. Sameroff, 2004, in *Treating Parent-Infant Relationship Problems*, p. 12, by A.J. Sameroff, S.C. McDonough, & K.L. Rusenblum [Eds.], New York: Guilford Press. Copyright 2004 by The Guilford Press. Reprinted with permission.) Found in the Neurorelational Framework Book on page 20. Adapted by C. Lillas 2016

THE NEURORELATIONAL FRAMEWORK'S

Individual Differences in Self-Regulation

OTHER

SELF

DEVELOPMENT →

Skill Begets Skill

Brains are built from the bottom up

MOVEMENT/THOUGHTS

EMOTIONS/MEMORIES

SENSATIONS

BODY

THE NEURORELATIONAL FRAMEWORK'S
Four Brain Systems
SEQUENTIAL

EXECUTIVE

RELEVANCE

SENSORY

REGULATION
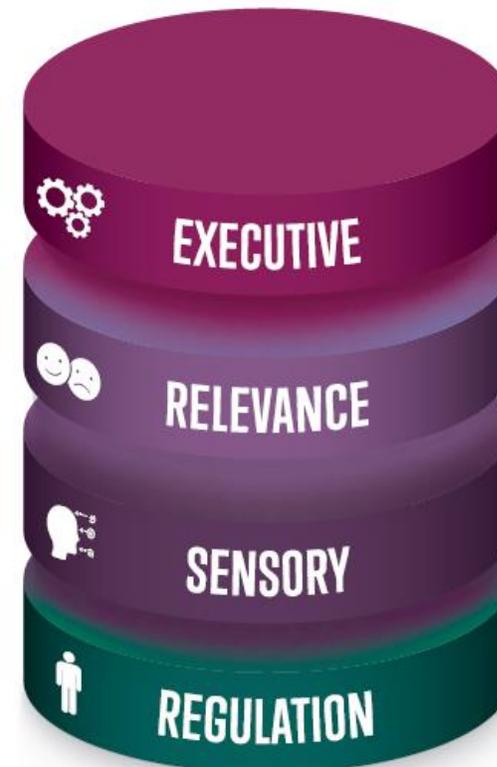
Stress Triggers and Recovery Toolkits

STEP 3

NAME		DATE	

TOP DOWN

STRESS TRIGGERS	RECOVERY TOOLKITS
MOVEMENT/THOUGHTS (EXECUTIVE)	
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EMOTIONS/MEMORIES (RELEVANCE)	
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•	•
SENSATIONS (SENSORY)	
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BODY (REGULATION)	
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•	•

BOTTOM UP

Alberta Health Services

Upcoming NRF education sessions – Edmonton Regional Learning Consortium – Jan/Feb 2024:

Link for all sessions: https://us06web.zoom.us/j/81294222890?pwd=HDnuUuOmWD0rb0OUJsGf0htE46JEaS.

Session 1: NeuroRelational Framework Step 1 - Grounded Roots - Introduction of the 5 paradigm shifts

Session 2: NeuroRelational Framework Step 1 - Grounded Roots (continued) - States of arousal and sleep

Session 3: NeuroRelational Framework Step 1 - Grounded Roots (continued) - Toxic stress and trauma-informed practices

Session 4: NeuroRelational Framework Step 2 - Stable Trunk - Qualities of engagement

Session 5: NeuroRelational Framework Step 2 - Stable Trunk (continued) - Heart-Head-Hand

Session 6: NeuroRelational Framework Step 3 - Collaboration - Interdisciplinary practice and values

Session 7: NeuroRelational Framework Step 3 - Application and Summary

BREAKOUT SESSION!

5-6 participants per group
Guiding questions:
1. What are the current gaps in mental health resources at your site?
2. What do you find is most challenging when interacting with caregivers?
3. What training would be helpful?

Questions & Comments

FOR PROVIDERS

CLINICAL PRACTICE GUIDE

CLINICAL TOOLS & FORMS

COLLABORATIVE PRACTICE

PROFESSIONAL DEVELOPMENT

COMMUNITY OF PRACTICE

FAMILY RESOURCES

🔗 **QUICK LINKS**

✔ CPG QUICK REFERENCE

✔ ORDER FORMS & HANDOUTS

✔ FIND SERVICES

✔ VIRTUAL HEALTH

✔ EQUIPMENT & SUPPLIES

✔ FUNDING INFORMATION

✔ FOR FAMILIES

✔ NEWS AND EVENTS

Community of Practice

We have just launched the Pediatric Eating And Swallowing Community of Practice (CoP) for healthcare providers who work with children with a pediatric eating, feeding and swallowing (EFS) disorder. This virtual CoP is an interdisciplinary community of healthcare providers across the continuum of care in Alberta. The goal of this CoP is to capture the spirit and harness the power of collaboration to enhance and improve interdisciplinary practice in EFS to attain the best outcomes for children and their families.

To join the PEAS Community of Practice:

1. You must be a healthcare provider with an AHS account.
   See below for information on how to obtain an AHS account.

2. Go to the PEAS CoP website here: 🔗 https://extranet.ahsnet.ca/teams/CoP/PEAS/SitePages/Home.aspx
   If prompted, enter your AHS account name and password.

3. Click "Join this community" as shown below. That's it!
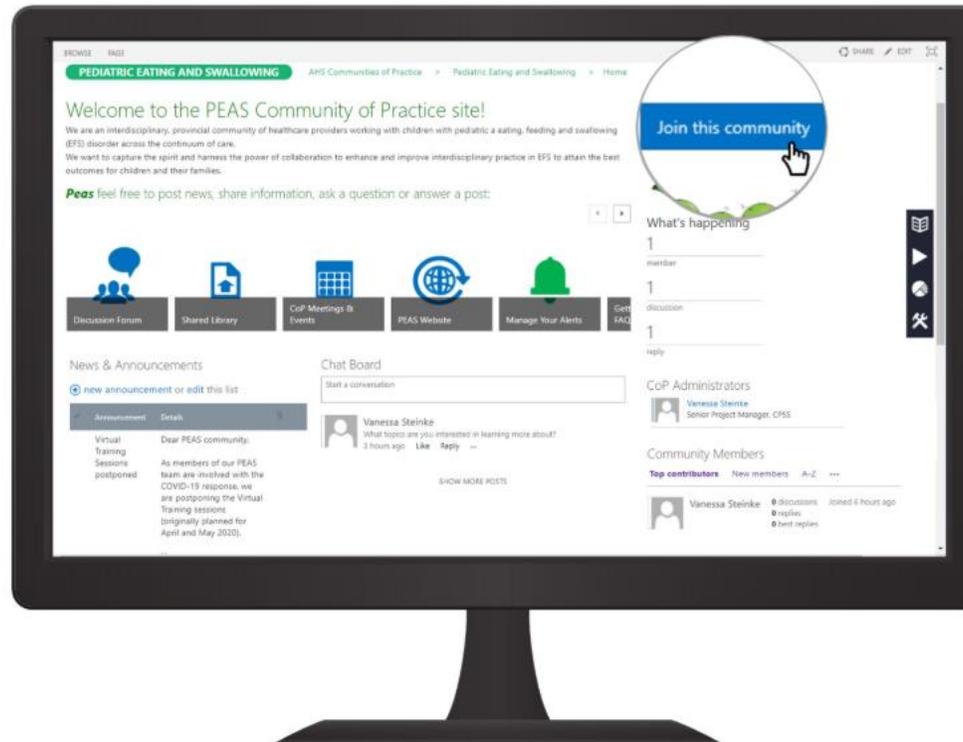
Thank you!
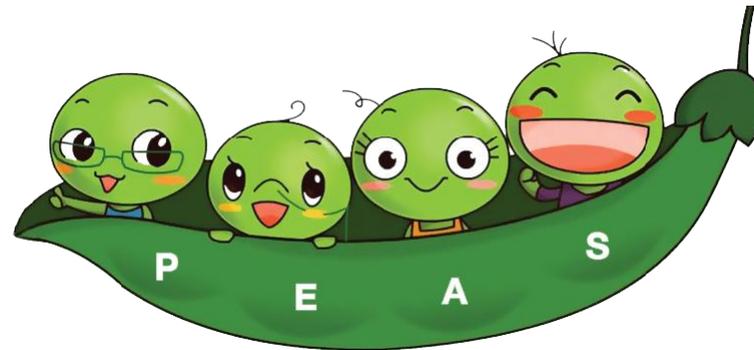
PEAS@ahs.ca

Resources:

- [A NeuroRelational Approach to Client Care - YouTube](#)

- [ElmTree Clinic](#)

- [PICCOLO™ - Brookes Publishing Co.](#)

- [TRAINING | madiganlab](#)

- [Mental Health for Children and Families - CASA Mental Health](#)