BEHAVIORAL HEALTH ON THE RISE:

Transferable Skillsets and Human Connection

By: Regan Muth, CCLS

In the past five years, patients admitted for suicide and self-injury have risen 50% in the emergency department (ED) and 30% in inpatient units (Children's Hospital Association, 2023). This notable increase in pediatric hospitalizations for mental and behavioral health reasons leads us as Certified Child Life Specialists (CCLS) to consider how to better support and show up for these patients. CCLS are called to serve and advocate for all pediatric patients to better their mental, physical, and emotional well-being, including patients admitted for mental health reasons. In an environment some patients have shared to be "more detrimental" to their mental health, it is important to recognize how impactful child life services are to these patients who have limited psychosocial support throughout their ED admission.

As a CCLS in the ED for the past three years, I have experienced how the increased prevalence of these patients has started to shift caregiver's perceptions of these patients, causing fatigue and burnout. Providing creative and therapeutic interventions becomes more challenging as these patients experience lengthened stays waiting for placement, admitted patients are becoming younger, and some have co-morbid diagnoses or developmental delays. Furthermore, once a patient is then admitted to an inpatient psychiatric unit, CCLS need to determine how to tailor interventions individually and to support groups. As some of the the few providers

Individuals interviewed in this article

Sara Webb

Children's Minnesota

Inpatient Psychiatric Unit and Satellite Site Partial Hospitalization Program

Bridgette Danielson

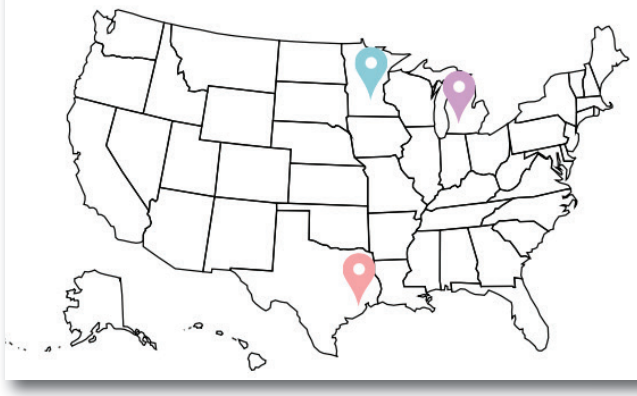
Bronson Children's

•Pediatric Emergency Department
•Previously Cincinnati Children's Inpatient Psychiatric Unit (Until 2023)

Melissa Hernandez

Children's Memorial Hermann Hospital

General Pediatrics/Behavioral Health Unit



stepping in to focus on the psychosocial being in a vulnerable space, we need to consider how we promote resiliency, healing, and coping in an appropriate and safe way.

After interviewing three CCLS from different backgrounds (see table), we will gain insight into different interventions and how we can better support behavioral health (BH) patients.

Interview Questions and Responses

*Responses have been edited to condense and clarify without altering the main message

What are some considerations when supporting mental health patients? (Assessments, Safety, Comorbid diagnoses, etc.)

Sara Webb

When supporting patients individually, I consider their interests along with their history of trauma and their anxiety, and I am constantly reassessing to see how they are coping or if they are triggered.

I also find myself collaborating with unit staff. If patients are dysregulated, I will do an activity like target practice, throwing tissue paper at a target with what they don't like about the hospital on it.

Bridgette Danielson

Some considerations are their trauma backgrounds. This includes assessing their behavior as a reason for something that has happened to them. I am always thinking of the safety aspects of working with those patients, considering what kinds of things have been issues in the past and how to avoid those things while still encouraging ways to let them be a kid and teenagers.

What are some interventions you usually do with these patients?

Sara Webb

For ages 6-13, I created an art activity called "Create Your Safe Place." We talk about mental imagery as a coping skill, what a safe place is, go through the five senses, and include one item for each of the five senses. Once they have brainstormed what they want their safe place to be, we have plates, Play-Doh, Wiki Sticks, packing peanuts, unit-safe art materials, and have them make their safe place come to life. This is a visual reminder of visual imagery as a coping skill and helps ground themselves in a coping place.

On the adolescent side of the unit, I implemented a "What Do You Meme" game with the original meme photo cards from the family-friendly version of the game with customized caption cards that highlight the unique experiences of the unit. Past patients helped me write the caption cards, and it is great for normalizing the environment. Some cards are, "When you forgot your therapist's name, but it's already been four days, so you are too embarrassed to ask," and "When you pretend to need a break from the group just so you can finally let your fart go."

I also run a movement group. One of the most popular events is races where participants slide on pieces of paper. When creating obstacle courses for younger kids, I use crepe paper for obstacles that are unit-safe. It makes the course like lasers or a jungle gym for the patients.

Bridgette Danielson

With therapeutic child life groups, many interventions have focused on the core goals of child life, allowing patients to have opportunities to express themselves and encourage normalization and socialization.

Many groups have a silly surface-level theme; the kids' group had one on superheroes. We talk about the positive traits of superheroes and traits of villains and how sometimes superheroes can have a bad day and villains can have a good day. It helps them reflect that just because you have a certain day does not mean you are a bad person.

We did provide bereavement support, as sometimes that contributed to their reason for admission. I assess the situation and, if appropriate, offer memory-making. If it is more an abstract loss, like kids who have experienced trauma, I do an activity with them to process

it. I collaborate with social workers, so I am not crossing that therapy line but still provide some form of intervention.

For patients who have been there for a long time, I would provide individualized one-on-one interventions and try to align them with their treatment goals. One example is one patient who was into Dungeons and Dragons. He had a lot out of his control, and we came up with a D&D campaign he had control over. He could exert creativity and problem-solving, and we had reversed roles where he had mastery, control, and autonomy he wasn't necessarily getting from the hospitalization alone.

Melissa Hernandez

One of the main ways I provide support is by preparing patients for transferring to a psychiatric facility using a binder of various psychiatric facilities in the Houston Area. In these prep books, there are pictures of the facility (patient room, restroom, common spaces), as well as reviewing information about the hospital's programming and visitation hours.

One of the popular therapeutic activities I have done includes creating collages using construction paper, stickers, magazine clippings, finger paints, and markers/pencils (if approved in the safety plan). During this activity, patients have the creative ability to create their collage, and it serves as a great tool for them to express their emotions as superficially or deeply as they would like to explore.

Another activity I have done includes dissolvable paper. I have had patients either write a letter or poem or create a drawing to process their emotions. Patients have chosen to discuss what they wrote/drew, while others have chosen to keep it private. Once they are done, the paper is placed in water and it slowly dissolves.

What do you think behavioral health patients need from us?

Melissa Hernandez

Just like all patients in the hospital, I believe behavioral health patients need child life to see them as a person rather than a diagnosis. There is such a stigma with mental health that unfortunately exists even within the child life community. I have had BH patients tell me that they do not like talking with psychiatry or even with our psychologists because they will ask them medical questions (such as the reason behind their suicide attempt, overdose, etc.) without taking time to build rapport. During my initial session with BH patients, I intentionally do not ask any medical questions. I will strictly focus on building rapport, such as asking them if they are in school, their interests/hobbies, etc.

Occasionally, I have heard staff invalidate patient's requests/emotions because of "attention-seeking behaviors" or their illness. How do you advocate for MH/BH patients? How do you assess this line of patient behaviors?

Sara Webb

When I started here, I didn't like some of the dialogue providers used when talking about patients. I didn't say much in the first few months, but now I will say, "This is sad. That is the way they know how to make their needs met." I help staff understand by identifying them as connection-seeking behaviors instead of attention-seeking behaviors. Wanting to understand the 'why' of the behavior helps to know that these actions must meet some type of need. This is something I'm still working on. I want to advocate more when I hear some negative talk, but I have recognized that the stigma reaches the clinical level.

Bridgette Danielson

Unfortunately, I feel like this is not uncommon both in psych units and in the ED. As child life specialists, patients will often open up to us because we are good listeners and do well at advocating. Still, also as a CCLS, especially if not psychiatrically trained, it can be easy to be sucked into those things too.

My first step if a patient has something that needs to be advocated for is to reach out to staff. I will say this patient is bringing this issue up, what was your perspective of this story? It is important to hear where the nurses come from as they work with these patients a lot. However, it is important to bridge the gap and understand that staff is burnt out but also reframe it in a way that I, as a staff member, am speaking up for this patient because that's my job.

What are things you have found that best support behavioral health patients in these environments?

Melissa Hernandez

Having approved safe activities for all BH patients (whether it is a safe art box, or I have worked at a hospital that had a green, yellow, red system). These items should be easily accessible to the staff so they can be available to the patient even when the child's life is unavailable.

Primarily, I have found that being a supportive presence is the best way to support BH patients. As child life, we have the privilege to meet the patient where they are and work together in identifying goals.

What are ways we can better support behavioral health patients?

Bridgette Danielson

One of the biggest things we should rely on is our traditional child life skills. We can support behavioral health patients through normalization, self-expression, and socialization with normative development and provide developmentally appropriate activities while collaborating with other safeguards the hospital has, such as psychiatry, social work, and existing behavioral health staff. We need to hone the skillset we already have.

Melissa Hernandez

Not make assumptions; trust your assessment skills. It can be easy to be hesitant to meet a BH patient based on what nursing staff or other medical team members have noted (such as potentially the patient being aggressive). However, the patient may display certain behaviors due to the medical team not taking the time to speak to the patient as a PERSON.

When working with BH patients, I think it is important to remember that as child life specialists, our skills are transferable. We know how to make assessments, support during procedures, and build rapport. Interacting with a

patient due to a physical illness or mental illness requires the same skillset. Do NOT be intimidated by the BH status.

Concluding Thoughts and Takeaways

In incorporating individualized interventions and utilizing our child life skillset to support behavioral health patients, we can better provide comprehensive psychosocial care. It is important to advocate for these patients and remind ourselves as we see increasing numbers that significant things are going on in their lives- whether trauma, bereavement, lack of support, or need for understanding. While still assessing for our safety and appropriate interventions, we must acknowledge patients as human first before assuming things because of their diagnosis. Youth experiencing these crises need someone to see them for who they are. As CCLSs, we have the knowledge and ability to support patients in these distressing circumstances and environments to promote better mental, physical, and emotional well-being. Moving forward, consider how your interaction with a behavioral health patient may be the best interaction they have all day in a stressful environment. All it takes is someone to build rapport, invite normalization, and create that humanity to change a detrimental space into a seen and supportive one.

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