



**QC Hearts and Minds: Building Bridges  
Inaugural Service Trailblazing Session  
Navigating Local Behavioral Health Resources for the  
Prenatal and Early Childhood Periods  
Meeting Report for June 17, 2009**

Meeting Format

Seventy five people attended the QC Hearts and Minds Inaugural Service Trailblazing Session. The session started off with three panel presentations done by Mike Terry of the Child Abuse Council, Shelly Hawk of Child Development Associates, and Anabel Flaherty of Vera French Mental Health Center. Mike presented on violence in families, Shelly spoke about developmental stages and processes, and Anabel discussed maternal depression. After their presentations, participants discussed a case study led by a small group facilitator. The panel presentations done by Mike, Shelly, and Anabel provided context for the small groups to identify underlying issues in the case study. The facilitators reported back to the larger group the main ideas of their discussion. After the case study there was a question and answer session with the panel presenters and the attendees.

Behavioral Health Case Study (Reprinted from the session)

Manuel and Marie M. come to your office. Mom speaks English and Dad limited English. They have three children, Juan 4, Felipe 3, and Anna 3 months. Maria's mother lives with them and has provided childcare when the parents are at work. Spanish is the primary language spoken at home. Grandmother was hospitalized for a stroke and will be going to a rehabilitation center.

A non-Spanish speaking friend cares for the children. She has requested the family look for other childcare because the children cry and are withdrawn. Juan has hit other children in the home and Felipe will not speak. Anna is either crying or sleeping all day.

Mom reports she has been extremely tired since the birth of Ann but had to go back to work for financial reasons. She has been late for work and in jeopardy of losing her job. They are having financial difficulties because they now have to pay for childcare.

## Case Study Discussion Questions

- **1. What else is going on in this case?**
  - Mistrust of the system
  - Tension
  - Family stress from the lack of child care
  - Kids are a barometer of the situation
  - All three kids are under the age of five
  - Non-verbal communication
    - Violence-kids are hitting others
    - What was their behavior like previously?
  - Baby is crying and sleeping, little interaction
    - Are there too many stressors to meet her needs?
    - Did she bond with the mother?
  - Culture-Hispanics tend to be very close-knit, so Grandma's stroke may be causing some stress
    - Was this a traumatic experience? Did someone witness the stroke?
  - Caring for Grandma may be causing a financial burden
  - After the stroke they are missing Grandma's wisdom and love
  - A friend is taking care of the kids instead of Grandma-someone outside the family
    - Is this permanent or temporary?
  - Lack of transportation/communication
  - Language barrier-makes them isolated from resources in the community
  - How involved is Dad? Mom was back to work pretty early
  - Children's adjustment to a new daycare situation
    - May need a different provider if they are not bonding well
    - Attachment of children-Mom is working
    - Separation anxiety from the mother

- What are the mom's other symptoms? Fatigue?
  - Religious conflict of family-use of contraception
  - Did she get adequate post-natal care?
  - Could be leading to depression
- Work issues
  - Both parents are employed
  - Are they having trouble with insurance?
  - Legal documentations
- Are the children's basic needs being met?
  - Diet and nutrition
  - Regular physicals
  - Developmental concerns
- **2. How would you approach this case and what resources would you use?**
  - Assess need and expectations of the family
    - Do they have a medical home?
    - What is their perception of need?
  - Find out what services they are eligible for
  - Move them in the right direction
  - Referral for the whole entire family
  - Use InfoLink-United Way 2-1-1
  - Ask the mother trigger questions
  - Connect mother to an OBGYN for depression
  - Financial advocate
  - Find out if they are affiliated with a church
    - Catholic Charities
  - Mississippi AEA home intervention teachers
  - Screenings at the Regional Office of Education

- Try to work with the childcare provider so the children have some consistency in their lives
- Refer them to culturally competent resources
  - Casa Guanajuato-Hispanic culture center
  - Spanish speaking daycare
  - Translator
- Hawk-I Healthy and Well Kids in Iowa
- Scott County Kids
- General Psychology Associates at Genesis Health System
- Project BEST at Family Resources
- Early & Periodic Screening, Diagnosis & Treatment Care For Kids
- Health Department Involvement
  - Community Health Care, Inc.
  - Iowa Department of Human Services
  - Department of Children and Family Services
- Have the employer help the family
- Supporting the mother will in turn help the kids
- Educate the parents on what they can do for their children
- Central point of access-one area for all treatment
- Acknowledge the family's growth and the changes they have made for the better

- **3. What do you do when you reach a gap or barrier in managing a case?**
  - Assess your own agency
  - Ask yourself why they came to you and if you are a starting point or a referral
  - Take ownership and accountability
  - Brainstorm with others
  - Family Resources, Inc.
  - Resource together and discuss as a team
  - Support frontline workers
  - Acknowledging there is a gap
  - A gap may mean you have to ‘bend’ the rules
  - Assess perception of need of the family
  - Self-determination of the family
  - Case managers for kids and family
  - Have another family in a similar situation act as a mentor
  - Supplemental Emergency Assistance Program of Iowa
  - Transportation-get them organized enough to get somewhere
  - Work on a timeline to meet the needs

### Question and Answer Session with the Panelists

At the end of the session, members of the audience were able to ask our panelists questions. The following is a summary of the questions asked and answers given by the panelists.

- One lady asked about what to do for a mother she was seeing who is on bed rest with twins. They cannot afford daycare for the younger children and the dad is either working or no help at all.
  - Community Childcare Resource & Referral
  - Head Start at Project NOW
  - Department of Children & Family Services
  - Humility of Mary Center
  - Churches-directory can be found at [www.quadcitychurches.com](http://www.quadcitychurches.com)
  - If not taken care of, circumstances could lead to worse situations
- What are the effects of domestic violence when abuse is done emotionally and verbally?
  - Same effects as physical abuse and neglect
- How are the professionals in the QCA diagnosing toddlers?
  - Difference between diagnosing and treatment
  - Prescribing medicine vs. behavior modification
  - 2-3 years olds are sometimes easier to diagnose than toddlers
  - Resources available for diagnosing toddlers
    - [www.stanleygreenspan.com](http://www.stanleygreenspan.com)
    - Diagnostic Manuals
      - DC-03R
      - ICDL-DMIC
      - DSM-IV TR
    - Project Best at Family Health Resources
    - Vera French-Full time child psychiatrist
    - New child psychiatrist at Robert Young
    - Pediatric professionals

Follow up question answered after the session by Dr. Robert Anderson

- Would intensive medical procedures (painful) experienced by a child from birth (ongoing medical condition) possibly result in mental health issues?
  - The best example is a child who was intubated for a year or longer and has anxiety when food is introduced orally.
  - They may also have more sensory issues otherwise-tactile, auditory, visual sensitivities that elicit generalized anxiety.
  - Learning may be impaired from which anxiety and depression might develop when challenged to learn in school.
  - The primary issue is emotional memory and sensory aversion, not primary anxiety or depression. There is a lot of concern for these children.