

# EARLY CHILDHOOD AND CASA MEDICAL ADVOCACY

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## TOPICS OF TODAY'S PRESENTATION

- 1. Why is this important
- 2. Consent for treatment and child welfare
  - Types of treatment and who can consent
  - CASA Advocacy
- 3. Baby Well Checks
  - Purpose and what is being tracked
  - CASA Advocacy
- 4. Acute/Chronic health issues and hospitalization
  - Child life specialists
  - Other members of the medical team
  - Impact, Developmental Considerations and Preparation
  - CASA Advocacy
- 5. Medical Case Management Services Unit
- 6. Resources
- 7. Questions and Wrap up

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## Why is this topic important?

- 1. Some of our younger CASA children face chronic or acute illnesses or injuries and an informed CASA can advocate for timely medical treatment
- 2. Understanding Baby Well checks provide opportunities to partner with the young child's pediatrician to identify potential health and developmental issues earlier
- 3. Knowing who should be on your CASA child's hospital medical team can ensure better communication and create developmental support to offset the impact of medical trauma

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### Medical Consent

- 1. Resource parent/relative caregiver can consent to basic treatment.
- 2. Parent can oppose immunizations. Court order is required to overrule parental opposition.
- 3. CASA has no authority to make any medical decisions and provide consent to any medical treatment. (use language re CASA role). However, CASA appointment order allows access to information about the child's medical treatment.
- 4. Consent for surgery or more invasive treatment: Parental consent in writing is to be secured first. If parent is unavailable or opposed, court order is required. In the event of a medical emergency, a CSW can consent after a physician completes/submits required paperwork

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### Medical Consent Continued

- The consent process:
- For non-emergency medical treatment and parent is unavailable or opposed, CSW is to submit paperwork (including documentation from physician about the requested treatment/procedure) to DCFS staff at the Court. The designated Court DCFS staff review paperwork to ensure all the required paperwork has been submitted. If not, the DCFS Court staff work with the CSW to secure the required paperwork. DCFS court staff then submit paperwork to the judicial officer (JO).
- JO consents to treatment, requests more information, schedules a hearing on the matter or denies the request.

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### Questions?

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### CASA Advocacy and Consent

- 1. CASA can communicate with CSW and DCFS staff to track consent process
- 2. CASA can communicate with physicians to gather information about procedures/treatment to share with the court.
- 3. CASA can encourage parent to speak directly with physicians/medical personnel about the recommended procedures/treatment/surgery, etc.
- 4. CASA can keep attorney informed about recommended procedures/treatment and status of consent and any apparent barriers.

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### Baby Well Checks

- Purpose is to monitor baby's growth and development through tracking prevention, and identification of concerns. The pediatrician will complete a thorough head to toe examination of the baby including height, weight, and head circumference examination. Vaccinations will be recommended at certain visits.
- Opportunity to develop a relationship with the baby's doctor and medical team. Well Baby Exams are a perfect time for parent/caregiver to ask questions and to share any concerns or observations about the baby.
- Timing of exams: The first exam should be scheduled with the pediatrician 3-5 days after release from the hospital. The suggested schedule for well-baby exams through age 5 is 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 24 months, 30 months, 36 months, 48 months, and 60 months.

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### CASA Advocacy and Baby Well Checks

- 1. Track height/weight/head circumference from each visit to identify potential delays or areas of concern. Ensure that vision and hearing are being checked as well.
- 2. Secure copies of DCFS 591 forms.
- 3. Encourage parent/caregiver to bring up concerns/observations with the pediatrician
- 4. If family reunification is the plan, CASA can advocate for parent's involvement/attendance at Baby Well checks

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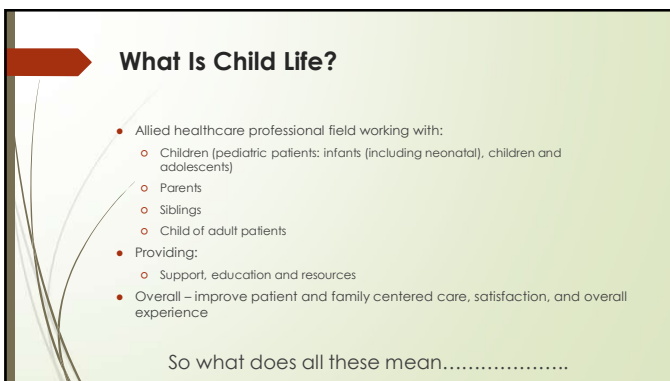
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### What does Child Life specialists do?

- Address psychosocial, emotional and developmental needs of hospitalized infants, children and adolescents and their families
- Support children and families in times of stress, including medical stressors & challenges
- Provide education – children, families, medical staff, community, donors
- Advocate for children & families in many capacities
- Resources to children and families




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### Address psychosocial, emotional and developmental needs of hospitalized infants, children and adolescents and their families

- Provide developmentally appropriate interventions that reduce fear and anxiety
- Normalizing environment for these children (patients) – therapeutic play and interventions



Therapeutic Interventions



Medical Play

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### Support children and families in times of stress, including medical stressors & challenges

- Helping them cope in healthcare settings, traumatic situations, life changing events
- Grief support and facilitation



Sibling Interventions



Grief/Bereavement Support

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**Provide education – children, families, medical staff, community, donors**


- Children: preparation and education about hospital, procedures, surgeries, diagnosis
- Families: child's (patient) environment and diagnosis, child development and assessment
- Medical staff: child life and children
- Donors: child life, children's need, etc.




Diagnosis Education



Surgery Preparation



Procedure Education



Parent Education

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**Advocate for children & families in many capacities**

- Procedure accompaniment and diversion to reduce stress/anxiety
- Processes & policies
- Academic




Procedural Support



Patient Accompaniment



Non-pharmacological Pain Management



Positions for Comfort

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**Resources to children and families**

- Children of adult patients
- School reintegration
- Counseling; parenting; support groups; camps; etc.



Child Life interventions for children of adult patients



School Interventions and Reintegration

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## Children and their Medical Team

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## Characteristics of Children Hospitalized

- Basic statistics
  - Respiratory conditions are most frequent reason for hospitalization
  - Digestive conditions (injuries) are the second most common overall reason for pediatric hospitalization
  - Nervous system conditions ranked third
  - Mental disorders ranked fourth
  - Infectious disease is a common reason
  - Injuries, medication poisoning, and head injuries are amongst top reasons for hospital stays 13-17 y/o
  - Asthma & pneumonia are top 10 reasons
  - LOS varies by diagnosis
  - Common diagnosis associated with LOS:



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## Vulnerable Children

- Young children & previously hospitalized children with overwhelming fears about past hospitalization and treatments
- Children with emotional disorders and adjustment issues
- Children who are sensory impaired, neurologically compromised or developmentally delayed



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### Members of the Medical Team

- Physicians (teams)
- Surgical or Specialty (teams)
- Nurses (varying levels)
- LCSW
- Case Management
- Dietician
- Respiratory Therapists
- Rehab team (PT, OT, Speech)
- Chaplain
- Child Life
- Many more.....

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### Questions?

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### Impact

Hospitalization | Illness | Injury

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### Let's think about this.....

- Reflect or think about a time when you or your child/family member experienced a procedure
- Discuss whether if it was inpatient or outpatient procedure
- What were the memories?
- Did you/they feel that those experiences affected you/them in any way about view of hospitals?
- Were views based on age, gender, type of experience, amount of support system involvement, preparation?
- How do you respond to visits to the doctors or hospitals now? Illness?

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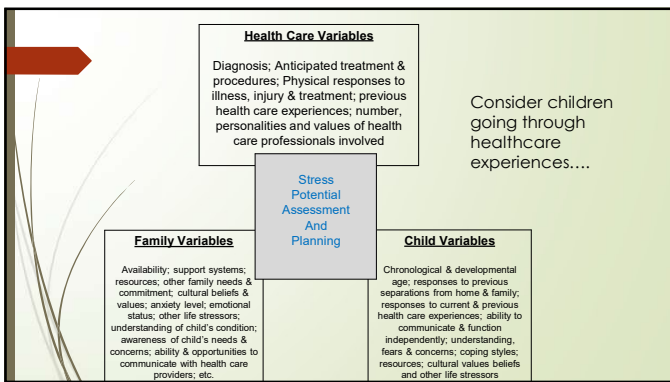
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### Trauma: Hospital Environment

- Exaggerated experience
- Physical environment
  - Unfamiliar rooms
  - Rooms are not child friendly
  - Loud, cold, etc.
  - Medical equipment
- Social environment
  - Unfamiliar people

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### Trauma: Family Reactions

- Sources of stress
- Parents may feel guilty; fear; worry; anger; anxiety
- Series of priorities that families use to cope w/ disruption in family routine:
- Impact on siblings

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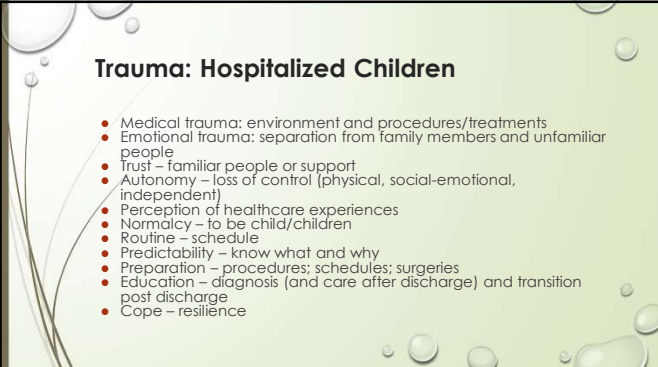
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### Trauma: Hospitalized Children

- Medical trauma: environment and procedures/treatments
- Emotional trauma: separation from family members and unfamiliar people
- Trust – familiar people or support
- Autonomy – loss of control (physical, social-emotional, independent)
- Perception of healthcare experiences
- Normalcy – to be child/children
- Routine – schedule
- Predictability – know what and why
- Preparation – procedures; schedules; surgeries
- Education – diagnosis (and care after discharge) and transition post discharge
- Cope – resilience

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### Developmental Considerations

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**Developmental Considerations**

- **Infants**
  - Stimulation; Voice; Comfort holds; Temperament; Your reaction; Trust/Familiar person; Body language; Parents' involvement
- **Toddlers**
  - Environment; Fear – separation from family, etc.; Offer choices; Comfort holds; Distraction; Your reaction; Prepare; Body language; Repetition; Prep; Give time and allow them to explore; Medical play; Voice; Language; Distraction; Autonomy; Trust/Familiar person;
- **Preschoolers**
  - Prep for transition; Play; Repetition, Distraction; Your interaction; Voice; Language; Concrete; Fantasy vs. Reality; Truthful; Limitation of people; Trust/Familiar person; Invite them to participate in their care; Advocate for them; Give them time to process; Hospital is not a punishment; Clear up misconceptions; Simple words; Offer appropriate support; Encourage questions; Explain their surroundings; Explain parts of body involved in treatment plan; Medical Play

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**Preparation**

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**Why prepare?**

- Provides predictability and sense of control
- Promotes positive procedure outcomes.
- Allows for time to address imagination & misconceptions.
- Provides time for questions.
- Creates an opportunity to build a trusting relationship.
- Opportunity to give some control back to the patient.
- Opens communication with patient, family, and child life specialist.
- Time for information gathering.

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**What else to consider.....**

- Communication
- Advocate
- Adults to be flexible
- Remember Child Development
- Collaboration with familiar person
- Language

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**CASA Advocacy**

- Advocate for Child Life Specialist
- How can you get a hold of Child Life Specialists?
  - Children Hospital
  - Medical Center
  - Clinics
- Inquire whether the young child has been prepared/informed about the procedure
- Advocate to ensure that caregiver fully understands follow-up procedures/appointments/what to look for

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**Questions?**

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**Medical Case Management Services Unit**

- Eligibility:
  - F3 and F4, post adjudication.
  - only the child with medical condition
  - Role of the public health nurse
- Services:
  - Case management for F3 and F4
  - Placement consultation for temporary medical conditions
  - Consultation/Collaboration with CSW for siblings

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**Wrapping It Up/Resources**

1. The National Child Traumatic Stress Network -- <https://www.nctsn.org/>
2. Los Angeles Dept. of Children and Family Services Medical Consent related policies  
[http://policy.dcfslacounty.gov/#Medical%20Consents%20and%20Disclosures.htm%3FlocPath%3DHealth%20Care%7CMedical%20Consents%20and%20Disclosures%7C\\_\\_\\_\\_\\_0](http://policy.dcfslacounty.gov/#Medical%20Consents%20and%20Disclosures.htm%3FlocPath%3DHealth%20Care%7CMedical%20Consents%20and%20Disclosures%7C_____0)
3. Association of Child Life Professionals [www.childlife.org](http://www.childlife.org)
4. Zero to Three [www.zerotothree.org](http://www.zerotothree.org)

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**Questions?**

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