Evidence-Informed Guidelines for Pediatric-Focused Pandemic Planning and Response

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Research Team

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Purpose

To develop evidence-informed disaster response and planning guidelines that will

- optimize the preparedness and response to health-related disasters for pediatric populations,

- and prevent adverse unintentional consequences such as panic, non-compliance, and poor behavioral health outcomes
Merton’s Unintended Consequences

- Well-intended policies and plans inevitably generate unintended consequences
  - Leaders are under great pressure to act decisively and swiftly with limited understanding of the problems
  - Error is an unavoidable component of all social action
  - Strategies are more likely to address proximal outcomes, not cascades
The Project in Perspective

- A systematic review of the literature related to pediatric disaster preparedness and responses
- Toolkit of Measures (English and Spanish)
- Expert Database of key informants for interviews, surveys, focus groups, and key documents for analysis in state plan review, professional organizations standards review, case law
- Integrative Report of New Evidence - findings
- Preliminary Guidelines
- Field Testing – National
- Field Testing – Local
- Final Recommendations
- Development of a Web-Based Training
- Dissemination
Methods

- International
- Mixed Methods
- Field Testing Phase
- State Plan Analysis
- Professional Organization Standards Review
- Case Law, Legal Document Review
- Web-based Support Group Records
Sample

<table>
<thead>
<tr>
<th>Population Subgroup</th>
<th>N</th>
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<tbody>
<tr>
<td>Youth</td>
<td>166</td>
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<tr>
<td>Parents</td>
<td>589</td>
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<tr>
<td>Behavioral Health Providers</td>
<td>642</td>
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<tr>
<td>Health Care Professionals</td>
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<td>Public Health Officials</td>
<td>202</td>
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<tr>
<td>Law &amp; Ethics Experts</td>
<td>85</td>
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<tr>
<td>Other</td>
<td>343</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2608</strong></td>
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</table>
Analysis

- Descriptive across all population subgroups
- Bivariate
- Multivariate
- Qualitative
Findings

- There is a relationship between disease containment experiences and traumatic stress symptoms ($p < .001$).

![Bar chart showing PTSD-RI scores for I/Q and No I/Q groups.](chart.png)
Select Findings

Pandemic generated anxiety and panic operated in complex ways -- triage, assessment and intervention strategies not tailored to these needs

- Pediatric BH screening is not routine, generally ad-hoc
- Pediatric BH screening is not evidence-based, not consistent
- Pediatric BH screening of family members is rare
- Pediatric BH screening rarely occurs in community settings; more likely in hospital setting but even then not common during surge conditions
- Limited screening for traumatic stress reactions
Select Findings

- The relationship between pandemic containment experiences and PTSD symptoms are significant, highlighting that pandemic may be traumatic for children and their parents.

  - PTSD criteria met in **33% of children** who experienced quarantine or isolation (Parent report, UCLA PTSD Reaction Index).

  - PTSD criteria met in **25% of parents** (self-report) who experienced quarantine or isolation compared to only 7% of those not isolated/quarantined (PTSD Checklist - Civilian Version).
Select Findings

The relationship between pandemic containment experiences and PTSD symptoms: Parents and their kids

- Among parents meeting clinical cutoff score: about 86% had children who also met clinical cutoff
- Parents not meeting cutoff: Only about 14% had children meeting cutoff
Routine peri- and post-pandemic behavioral health assessment that includes trauma screening is indicated for parents and youth who experience isolation or quarantine.
Recommendation
Screening for Behavioral Health Concerns

Positive identification of PTSD in individuals indicates the need for an automatic assessment for the presence of behavioral health disorders in those individuals’ family members.
Areas of Vulnerability

- Hospitals: NICU/PICU were especially vulnerable to staff shortages even under mild pandemic conditions
- Personnel back up plans were noted but insufficient

Recommendation

Cross-Training for areas of potential shortage and three-deep coverage plans
Areas of Vulnerability

- **Schools**: In cases of prolonged school closings, inadequate plans existed for provision of subsidized lunch programs
- **Little awareness of P-SNAP program**

**Recommendation**

Further training and education of the P-SNAP program may be indicated. Furthermore, a food distribution plan should be developed to accommodate worker illness or unavailability.
Findings: State Pandemic Preparedness and Response Plans

- State pandemic plans assume that systems will closely collaborate to respond, but frequent staff turnover results in the exit of informed and committed responders with pediatric expertise.

- At local level response problems exacerbated by the virtual absence of key stakeholders in the response equation, leading to *de facto* “Swiss cheese” response structures.

- Limited activities to build resilient response systems *between* pandemic events, frequent turnover, lack of just-in-time training problematic.

- Most plans were adult focused but did not specifically address the needs of parents.
Findings: State Pandemic Preparedness and Response Plans

- While 36% of the state plans acknowledged the need for family-level disaster planning, there was little operationalization or guidance given to planners regarding what the essential elements might be for such a plan.

- Only 20% of the plans contained any guidelines regarding the design, focus, or implementation of BH triage for pediatric populations.

- Pediatric populations were grouped into the “special” or “vulnerable” populations categories in some plans.
All state pandemic preparedness and response plans should include a module on pediatric health and behavioral health. Behavioral health professionals should be included in the development of these modules.
Essential Elements of the Pediatric Behavioral Health Module

- Clearly defined organizational structure for pediatric response coordination
- Sample risk messaging targeted to children/families
- Psychoeducational materials that are developmentally informed
- Alternative behavioral health service delivery options
- Listing of pediatric-focused community-based resources to address psychosocial needs
- Strategies for ‘just in time’ training
- Continuum of evidence-informed, pediatric-focused interventions
- Criteria for evidence-informed, protocol-driven behavioral health response
- Pediatric-specific ethical and legal guidance
For a complete listing of the evidence-informed guidelines:

http://www.uky.edu/CTAC/BehavioralResearchProjects

The Web-Based Professional Education Program may be accessed through the CECentral website at:

http://www.cecentral.com/
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