

# Free the Future

BRADLEY HOSPITAL • 2023

## BRADLEY HOSPITAL HELPS IZZY GET BACK ON TRACK

The milestone of a child starting preschool is often a joyous, yet bittersweet occasion for parents. As they see their little ones gain independence and make new friends, it also marks a new chapter in life. Unfortunately, when Amy's daughter Izzy started school, it was anything but a joyful time.

As her classmates played and learned contentedly, four-year-old Izzy would often become nonverbal, using screaming, moaning, and physical outbursts to express her discomfort. The episodes often occurred when she was frustrated with things such as challenging learning tasks.

Izzy's behavior at school often became so dysregulated that her teachers needed to call Amy to ask her to pick Izzy up early.

"It was very disruptive and frustrating," Amy says. "And we didn't know how to help her."

By the time she was in kindergarten, the calls home became more frequent. "She was hitting teachers on a daily basis to the point where she actually got suspended one time," Amy recalls.

Izzy's pediatrician diagnosed her with attention-deficit/hyperactivity disorder (ADHD), a mental health condition that involves symptoms related to inattention, hyperactivity, and impulsivity. The family tried outpatient therapy and medication prescribed by the pediatrician, but her disruptive behavior continued.

As Izzy wrapped up kindergarten and readied for first grade, Amy knew her daughter needed more intensive help. "We had exhausted our options with the pediatrician, and I had a feeling that something more was going on," Amy says.

Last July, Izzy entered Bradley Hospital's Pediatric Partial Hospital Program, which offers comprehensive treatment and evaluation during the day and allows patients to spend the evenings at home with their families.



Izzy

**"I've seen such a big difference in my daughter. Thanks to Bradley, I feel like I have my child back."**

**—Amy, Izzy's mother**

Right away, Izzy's clinicians noticed that she was exhibiting some anxiety-related symptoms, which had previously gone undetected.

"One of the challenges for us with young children is figuring out what's driving some of the symptoms we're seeing," said Katherine Partridge, PsyD, one of Izzy's psychologists. "Izzy came to us with an ADHD diagnosis, and we quickly said, 'yes, that fits, but we don't think that explains everything that's happening.' The anxiety piece was a helpful layer of understanding."

*(continued on page 2)*

Izzy's treatment for ADHD and generalized anxiety disorder included milieu and behavioral therapy, family therapy with her parents, parent-child interaction work, speech and occupational therapy consultation, and medication management.

Her treatment team learned that her anxiety was alleviated when she gained a sense of what to expect in various scenarios. To lessen uncertainty, they used a visual schedule with her at the hospital and helped plan a bedtime routine for her parents to implement at home.

Izzy also worked on tuning in to her body when difficult emotions came up. "A lot of her episodes ended with her recognizing, oh, I need to go to the bathroom, or I need a drink of water," Dr. Partridge says. "It was a helpful way for her to redirect her energy, and we would talk about it after."

About a month and a half into treatment, Amy started seeing noticeable improvements in her daughter's functioning. She was able to communicate her needs—for instance, saying, "I need a break"—and her non-verbal outbursts became less frequent.

Figuring out the best medication plan for Izzy took some time, but once they did, it was a "big breakthrough," as Amy describes it.

The medication further stabilized her mood and behaviors, and she was able to "graduate" from Bradley in October, three months after entering the program.

Now, at age six, Izzy is doing so well that she has been able to move from a special needs setting into a general first grade classroom at her school.

"The reports I'm getting from her teachers and school psychologists is that she's almost like a different kid than she was last year," Amy says.

Amy says her experience affirms how important it is for parents to never give up on advocating for their children, especially when things get difficult. Some friends and family told her that Izzy would just "grow out of it." But she knew something more was going on.

"Things just didn't feel right, and, as a mom, I just had to keep pursuing it, starting with the pediatrician and the schools, and eventually getting more help at Bradley," Amy says.

She adds: "I've seen such a big difference in my daughter. Thanks to Bradley, I feel like I have my child back."

## WHEN TO SEEK BEHAVIORAL HEALTH HELP FOR A CHILD



When considering the need for intervention, consider the following factors:

### FREQUENCY

How often are the behaviors happening?

### INTENSITY

How difficult is it to manage behaviors and maintain safety?

### DURATION

How long have these behaviors been happening?

### HOW DISRUPTIVE ARE THE BEHAVIORS

How much is this behavior getting in the way of your child and your family doing what they need to do?

If challenges are occurring multiple times per day, in multiple settings, for a period of time (such as several weeks to months), and your family is not able to function routinely (for example, going to school, going to work, eating meals, etc.) then it may be time to seek additional support.

There are also times when one of these factors may be enough to warrant help. For example, if your child engages in a highly dangerous behavior one or more times (trying to get out of a moving car, trying to climb out of a window, etc.).

Your child's pediatrician, childcare provider, or teacher may also be able to assist you in making the determination of when and how to seek help. There are a variety of supports available, ranging from weekly outpatient care to multi-week home-based care to more intensive hospital intervention.



## MEET DR. MARY CARSKADON

**A** pioneer in the study of sleep, Mary Carskadon, PhD, is Director of the Sleep Science Research Lab of Bradley Hospital. She also directs the COBRE Center for Sleep and Circadian Rhythms in Child and Adolescent Mental Health and Sleep, which was recently established with a \$10 million federal grant. It is the first and only National Institutes of Health-funded research center that aims to bridge sleep and circadian knowledge with outstanding mental health research and clinical care.

**Q:** You've been leading sleep research at Bradley since 1985; what are you most proud of accomplishing so far?

Over the years, our lab has focused on what's going on with sleep behaviors and their impact on healthy development among children. The biggest impact of our work has been in relation to school starting times. Many districts have made changes because of our findings. There is evidence from our group and others that the timing of the internal clock moves later as kids pass into and through puberty, and later school start times tend to be more supportive of adolescents' circadian rhythms and sleep patterns. An American Academy of Pediatrics panel I was part of concluded that 8:30 a.m. was the earliest middle school and high school should start. This is something I continue to speak about nationally and internationally.



Dr. Mary Carskadon

**Q:** What are you working on at the new COBRE Center for Sleep and Circadian Rhythms in Child and Adolescent Mental Health and Sleep?

Our goal is to integrate our center's sleep and circadian science with the clinical research being conducted at Bradley. One exciting aspect involves funding and supporting pilot research projects, so they can go on to become larger projects. We currently have three of them: one by Dr. Justin Parent studies DNA modification that may occur with sleep disturbances in kids with anxiety; another run by Dr. Anastacia Kudinova looks at harmful or suicidal thoughts in relation to the time they occur with regard to circadian rhythms; and the third, by Dr. Selby Conrad, focuses on sleep and substance use in teens' first-time involvement with the adolescent criminal justice system. Center faculty are also educating clinicians who work directly with patients in the latest developments in sleep science.

**Q:** How can parents help children optimize their sleep?

Try to have a plan that involves your child going to sleep and waking up around the same time every day—even on the weekends. Encourage them to avoid anything that might interrupt falling asleep at their regular time, including consuming caffeine or taking a nap in the afternoon. It is also beneficial for them to get daylight into their eyes in the morning, as it helps regulate circadian rhythms. I suggest that kids get less light, including blue light from screens and devices, in the evening as they approach bedtime. Babies and toddlers tend to have an evening wind-down routine that includes perhaps a bath and a book. I would like to see older kids and teenagers continue that in an age-appropriate way.

# MENTAL HEALTH FIRST AID EMPOWERS COMMUNITY MEMBERS TO ASSIST SOMEONE IN CRISIS

**W**ould you know what to do if you encountered someone having a mental health crisis? If the answer is no, you're not alone.

But that's changing. Bradley Hospital is part of an international movement to make Mental Health First Aid (MHFA) as common as CPR. Every year, through the Bradley Learning Exchange, the hospital trains more than 500 people, including university leaders, firefighters, police officers, and nonprofit workers, on how to help someone in need.

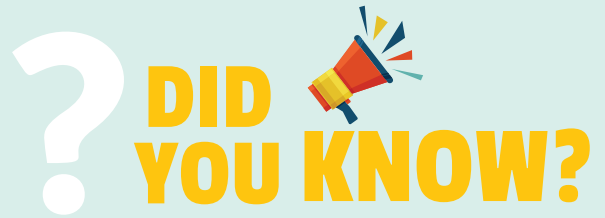
The eight-hour course, which originated in Australia, teaches participants how to recognize the signs of a mental health or substance use crisis, provide initial help, and go about guiding a person toward professional assistance.

"One of my favorite parts of the training is it helps to break the stigma of what it means to experience a mental health or substance use challenge," says Bradley Hospital MHFA Coordinator Kim Lafountain.

Developed for people who do not already have specialized training in behavioral health, the course covers the signs and symptoms of self-harm, suicide, psychosis, depression, anxiety, and substance use disorders. In addition to the educational component, participants get the opportunity to apply MHFA's intervention strategy to various scenarios, so they will feel equipped to implement it in real life.

"I attended this course to help understand people in my life who may be secretly struggling and either don't feel comfortable sharing or don't know how to," says someone who recently completed the training. "Now I have resources and insight to improve and strengthen my relationships."

To find out more, including how to sign up for a training, go to [lifespan.org/centers-services/mental-health-first-aid](https://lifespan.org/centers-services/mental-health-first-aid).



Bradley is making a major impact in Rhode Island public schools. The hospital recently received a prestigious, five-year, \$8.6 million grant from the federal government's Substance Abuse and Mental Health Services Administration to implement Project AWARE (Advancing Wellness and Resilience in Education) in Providence, Pawtucket, and Woonsocket school districts.

The work focuses on educating all school personnel on the signs and symptoms of mental health and substance abuse crises, as well as co-occurring disorders. Suicide and violence prevention are also an important part of the effort.



## Mindcast: Healthy Mind, Healthy Child

Bradley Hospital has its very own podcast. Tune in to **Mindcast: Healthy Mind, Healthy Child** to hear Bradley's expert clinicians discuss topics ranging from anxiety and psychosis to gratitude and grief.

Available online at:  
[bradleyhospital.org/podcast](https://bradleyhospital.org/podcast)



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