

*Have a minute please?*



**Are you a clinician who provides behavioral and mental health care for child and adolescent patients?**

- NC- PAL invites you to participate in a brief survey to help us better understand how you provide behavioral and mental health care for children and adolescents, including any challenges you may face and ways our program can support your needs as community-based healthcare providers.
- If you are interested, please scan the QR code.
- We appreciate your time and insight and are looking forward to hearing from you!

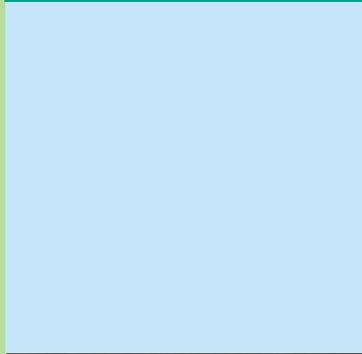






# Making It Stick

*Office-Based Skills That Drive Real Change in Pediatric Wellness*



Dr. Andi Diaz Stransky M.D.  
Dr. Kate Norwalk Ph.D.

June 2025

# Agenda



5'

Introduction

15'

Sleep and Digital Hygiene Tips

30'

Office interventions- Practice

10'

School Avoidance as a Symptom- Tips

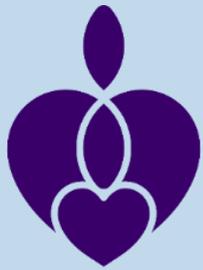
25'

Challenging Case-based practice



# nc pal

**NC-PAL** aims to build the mental health knowledge base and capacity of clinical and social service providers in North Carolina to meet the mental health needs of **youth** and **families**.



NC MATTERS

**NC-MATTERS**, an NC-PAL partner program, supports health care providers in effectively screening, assessing and treating behavioral health concerns in **pregnant** and **postpartum** patients.



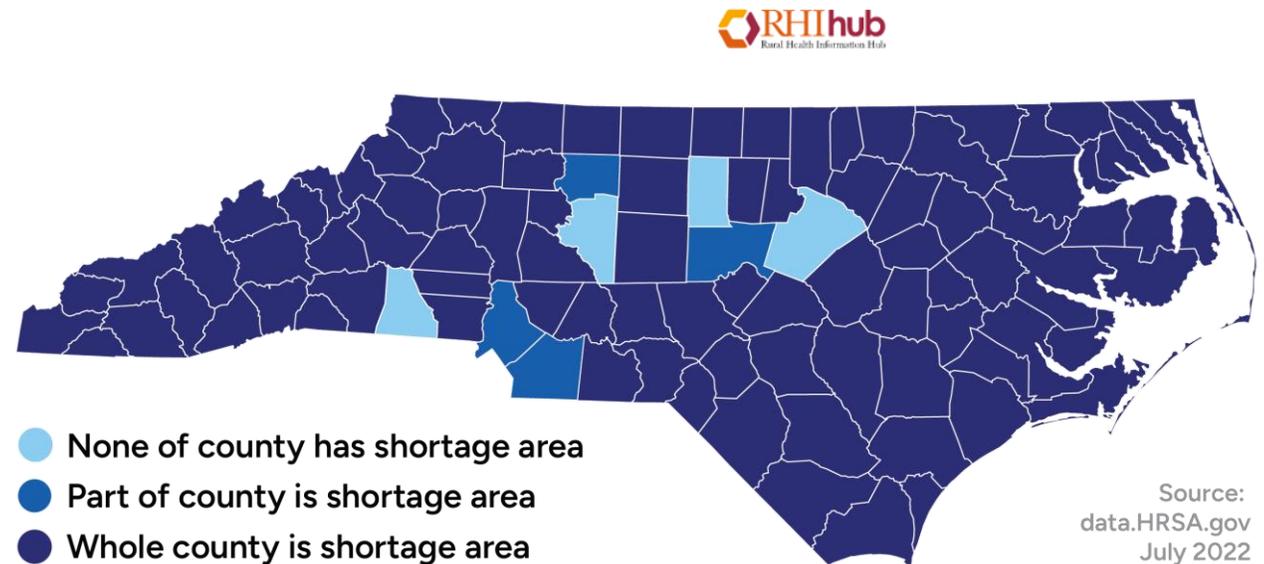
NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

*Both programs are supported by the NC Department of Health and Human Services*



# NC Mental Health Professional Shortage

- All but 4 counties in North Carolina face a shortage of mental health professionals.
- Primary care providers (PCPs) are often the only clinicians available to diagnose and treat pediatric & perinatal mental illness.
- Surveys of these clinicians have identified gaps in training and comfort with managing mental health care.



**NC-PAL** provides primary care clinicians with support for mental and behavioral health screening, assessment, and treatment for their pediatric patients.



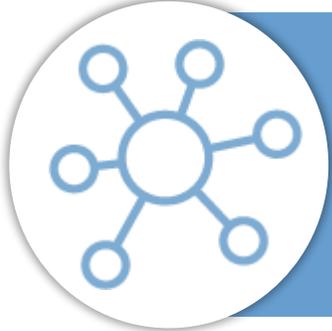
### **Real-time Consultation**

Clinical consultation and referral support via NC-PAL phone line



### **Practice Presentations**

Virtual and in-person presentations on topics relevant to primary care practices

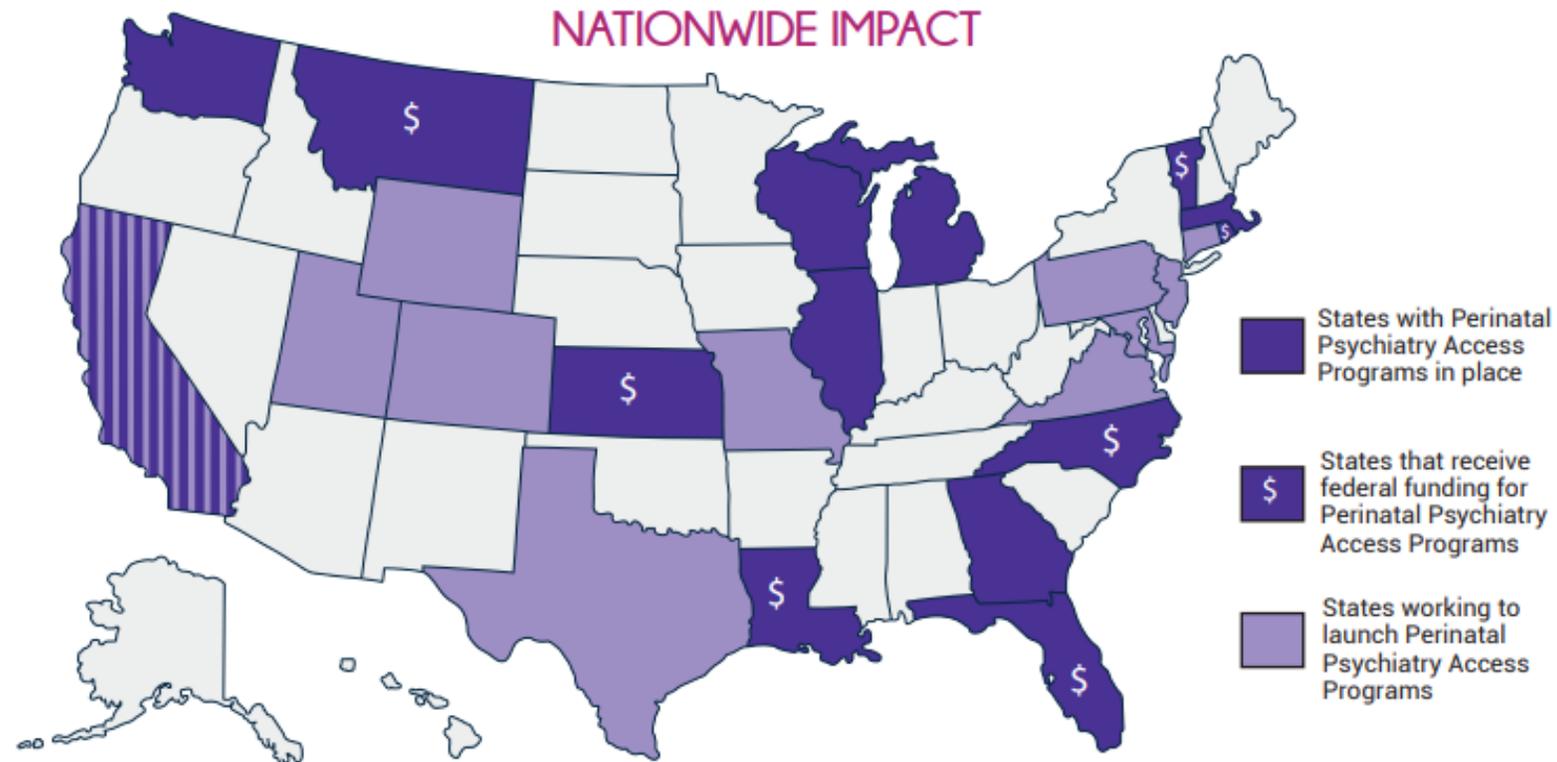


### **In-Depth Education**

Training and strategies for integrating mental health into primary care practice



# Perinatal Psychiatry Access Programs



1 ACOG Committee Opinion 757 (2018).  
2 Gavin (2005). *Obstetrics & Gynecology*, 106, 1071-83.  
3 Fawcett (2019). *Journal of Clinical Psychiatry* (80)

#### Citations

4 Byatt (2015). *Obstetrics & Gynecology*, 126(5): 1048-1058.  
5 Byatt (2020). *Promoting the Health of Mothers & Children*

# How Does the Access Line Work?

- 1** A provider calls NC-PAL with a question about a **pediatric** or **perinatal** mental health case
- 2** Our behavioral health consultant answers the call, collects patient information, and determines how to support the caller's needs
- 3** A **pediatric** or **perinatal** specialist will call you back within 30 minutes, or a time that the caller schedules

Call the NC-PAL Psychiatry  
Access Line to get started.



**(919) 681-2909**

**Press 1 for Pediatric Consultation**  
**Press 2 for Perinatal Consultation**

# Lunch & Learn Series

**Broaden your knowledge of pediatric mental health and earn CME credits - on your lunch break! Designed for primary care providers, but open to all health care professionals who care for children.**

- **Two Mondays every month from 12:10-1:00 pm**
- Providers can earn .75 CME credits for each session they attend
- Examples of topics: Managing challenging behaviors, Autism and I/DD, Early childhood interventions, etc.

**[Learn More & Register:](#)**



*Coming up in 2025 sessions on autism & I/DD, trauma-informed care, substance use and more!*

# The REACH Institute's PPP\* Training

Learn how to assess, diagnose, and treat pediatric mental health concerns in family practice and primary care settings.

- Virtual, practical, interactive three-day (16-hour) course
- Opportunity to participate in up to twelve 1-hour case-based group calls with primary care and child/adolescent psychiatry experts to discuss cases encountered in primary care
- Up to 28 Category I CMEs
- Costs covered if you register through NC-PAL
- Facilitators are child and adolescent psychiatrists and primary care providers who practice in NC

[Learn More & Register:](#)



*“The course was so practical for my practice of pediatric mental health. It was beautifully organized and well-resourced. The teaching was practically focused, thorough but concise, and entirely relevant to my practice. It was the best CME I have ever attended.” - REACH participant, January 2024*

\*Patient-Centered Mental Health in Pediatric Primary Care

# NC-PAL Behavioral Health Ed/Consultation School Based Health Centers



- Join a pediatric psychiatrist and a pediatric psychologist for consultation and education
- 2 participants from up to 5 SBHCs meet for 60 minutes FIVE times
- Each session, a different team shares a de-identified case for consultation
- These behavioral health team members receive valuable training from our pediatric psychiatrists, psychologists, and each other.

Similar work for School teams  
Over 75% of participants reported increased self-efficacy in supporting teachers, parents, and students in navigating student mental health needs.

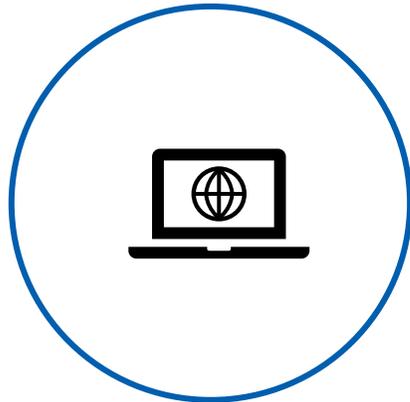


To learn more or sign up for the program this year or Fall 2024, please schedule a “Kick-Off” meeting using this [Calendly link](#).

# Office Hours



School  
Staff



NC-PAL



## More Info

Scan to sign up for a Discovery Meeting or to sign up for your first office hours consultation.

Email us at [ncpalschools@duke.edu](mailto:ncpalschools@duke.edu)



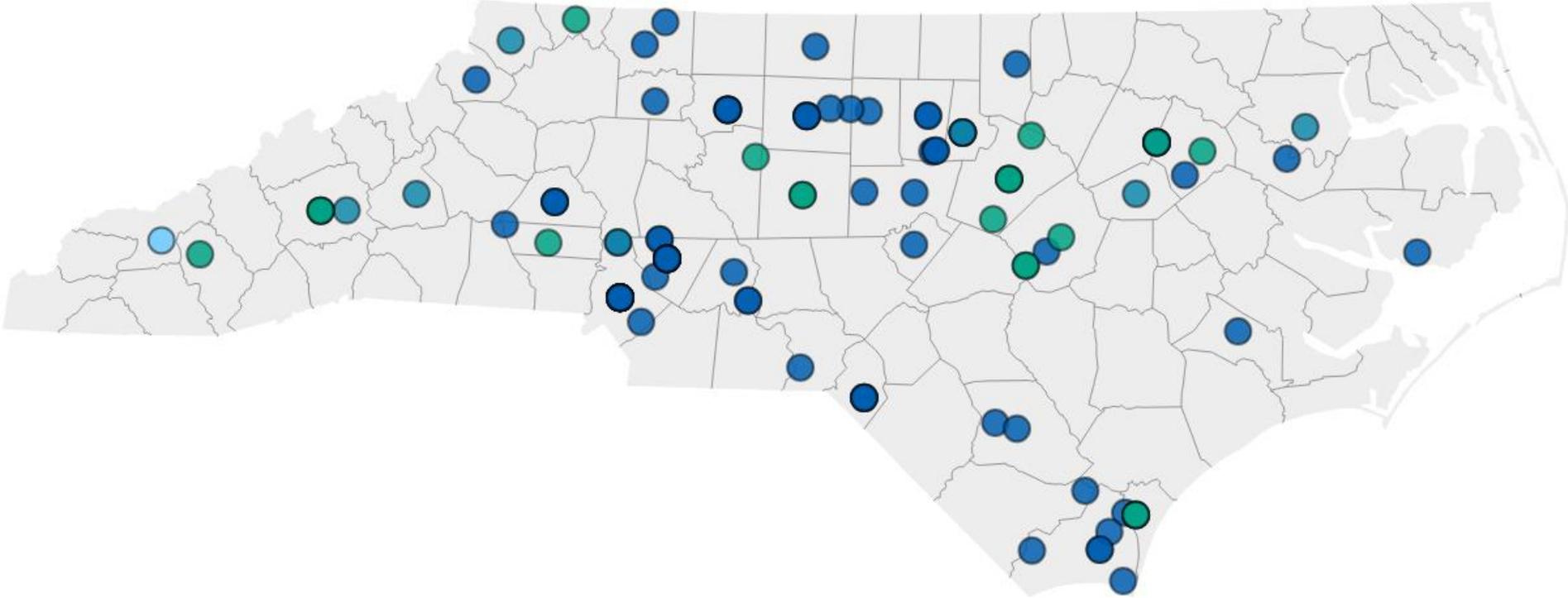
nc  
pal

Behavioral Health Education and  
Consultation for Schools

NC-PAL is excited to offer **FREE** mental and behavioral health education and consultation services to all public and charter schools in North Carolina\*.

# Counties where NCPAL has consulted for School Behavioral Health Teams

■ CDC ■ Spring 2024 ■ Summer 2024 ■ Fall 2024



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We hope today you will leave with your own...

'Office Script' for  
Sleep Hygiene

'Office Script' for Digital  
Hygiene

Toolkit

Roadmap for  
School Avoidance

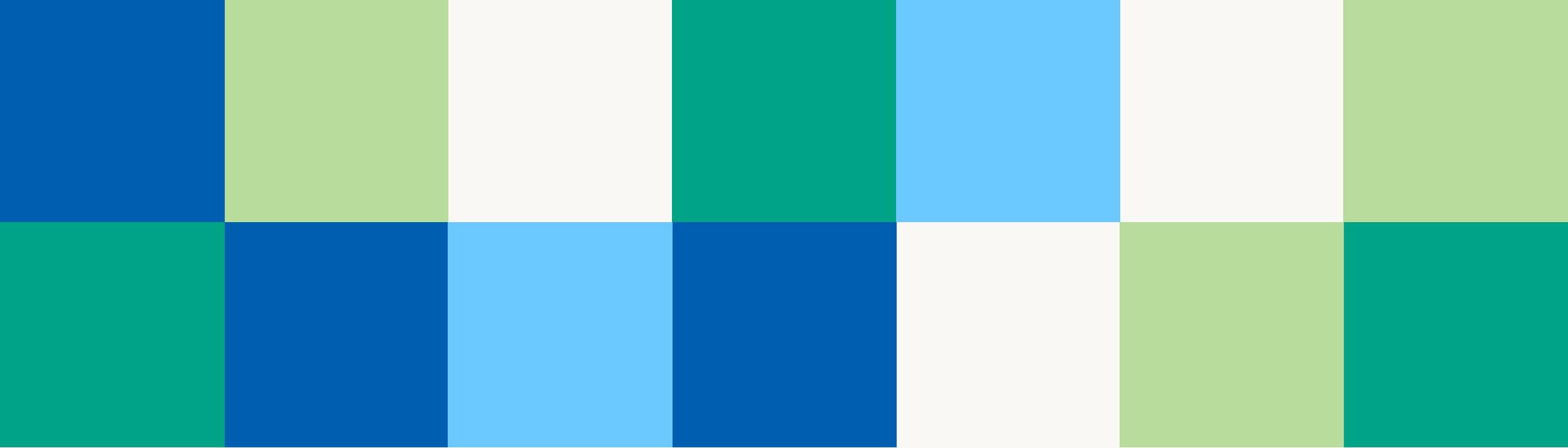
School Avoidance  
School and Parent Tip Sheet

# Go to [www.menti.com](https://www.menti.com)

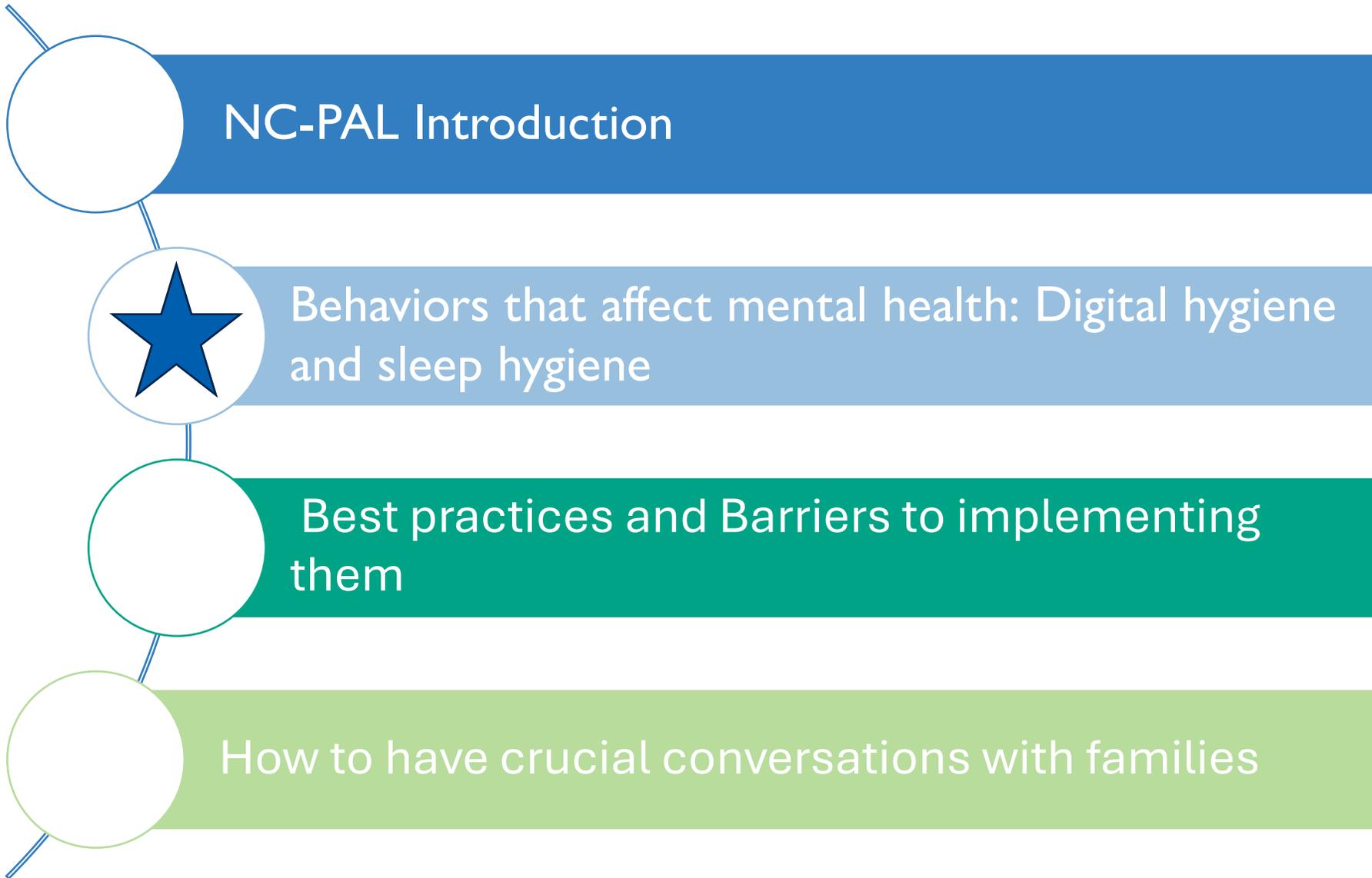
- Enter the code

**5349 8919**





## Supporting Behavior Change: Needs and Barriers



We hope today you will leave with your own...

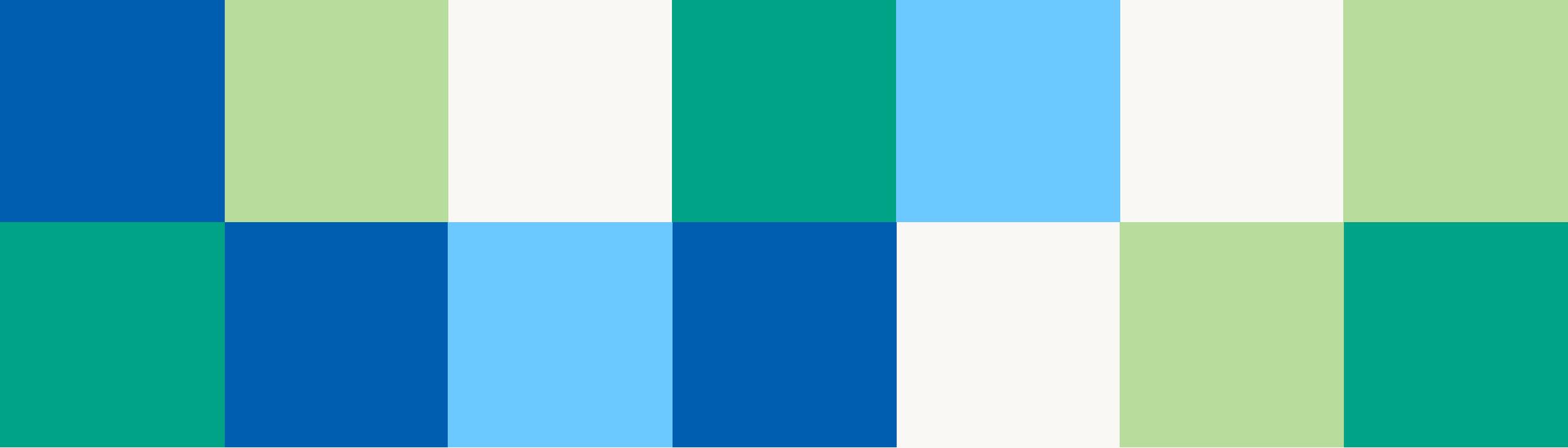
'Office Script' for  
Sleep Hygiene

'Office Script' for Digital  
Hygiene

Toolkit

Roadmap for  
School Avoidance

Sample Letter Templates



## Supporting Behavior Change: Needs and Barriers



# MENTI PLACEHOLDER: Digital Hygiene

What percentage of U.S. teens have access to a smartphone?

What percentage report using at least one social media platform?

What percentage report using the internet daily?



# Social Media Use in Adolescents

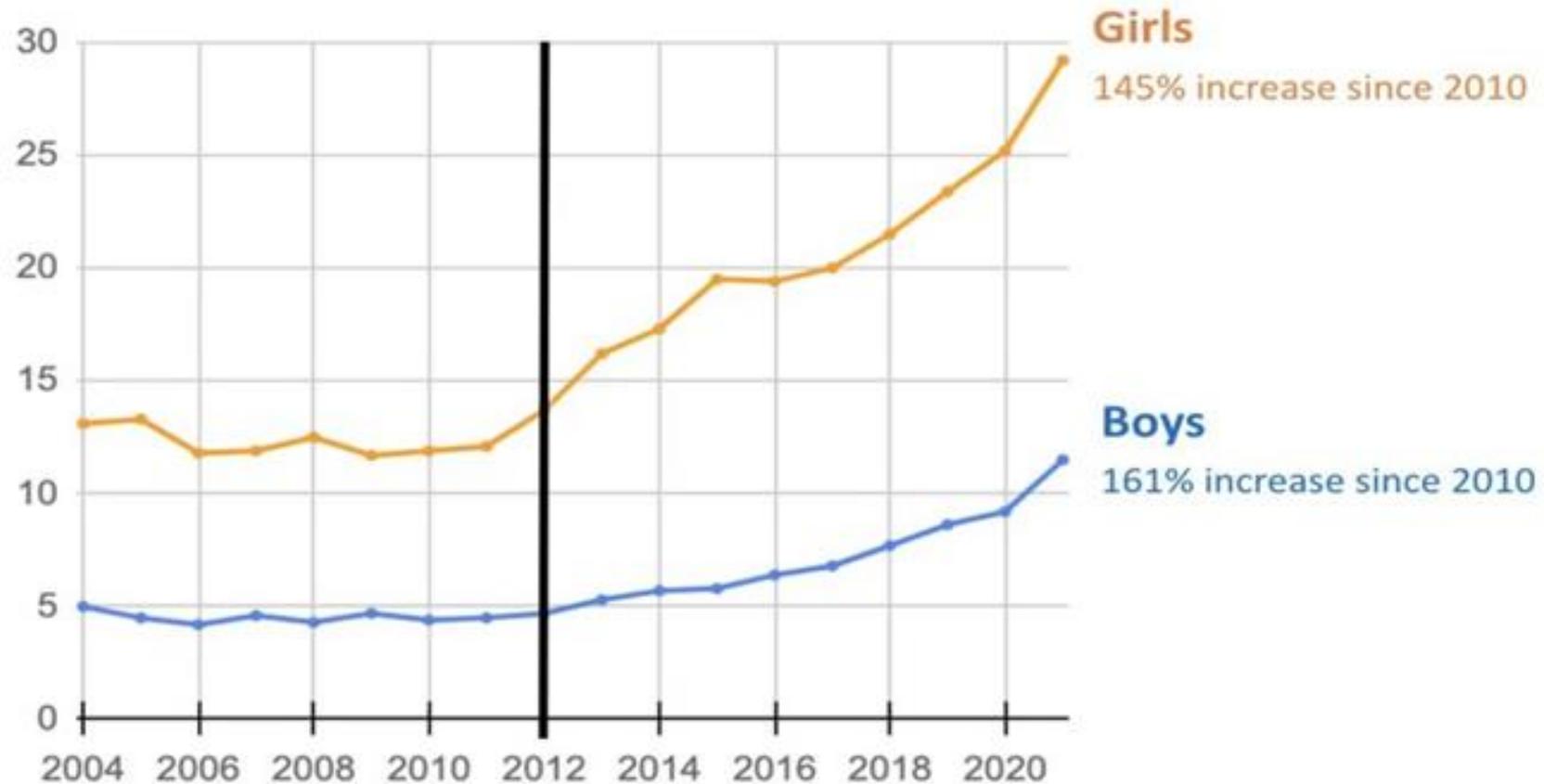
**95%** of U.S. teens that have access to a smartphone

**97%** use social media platforms

**96%** use the internet daily

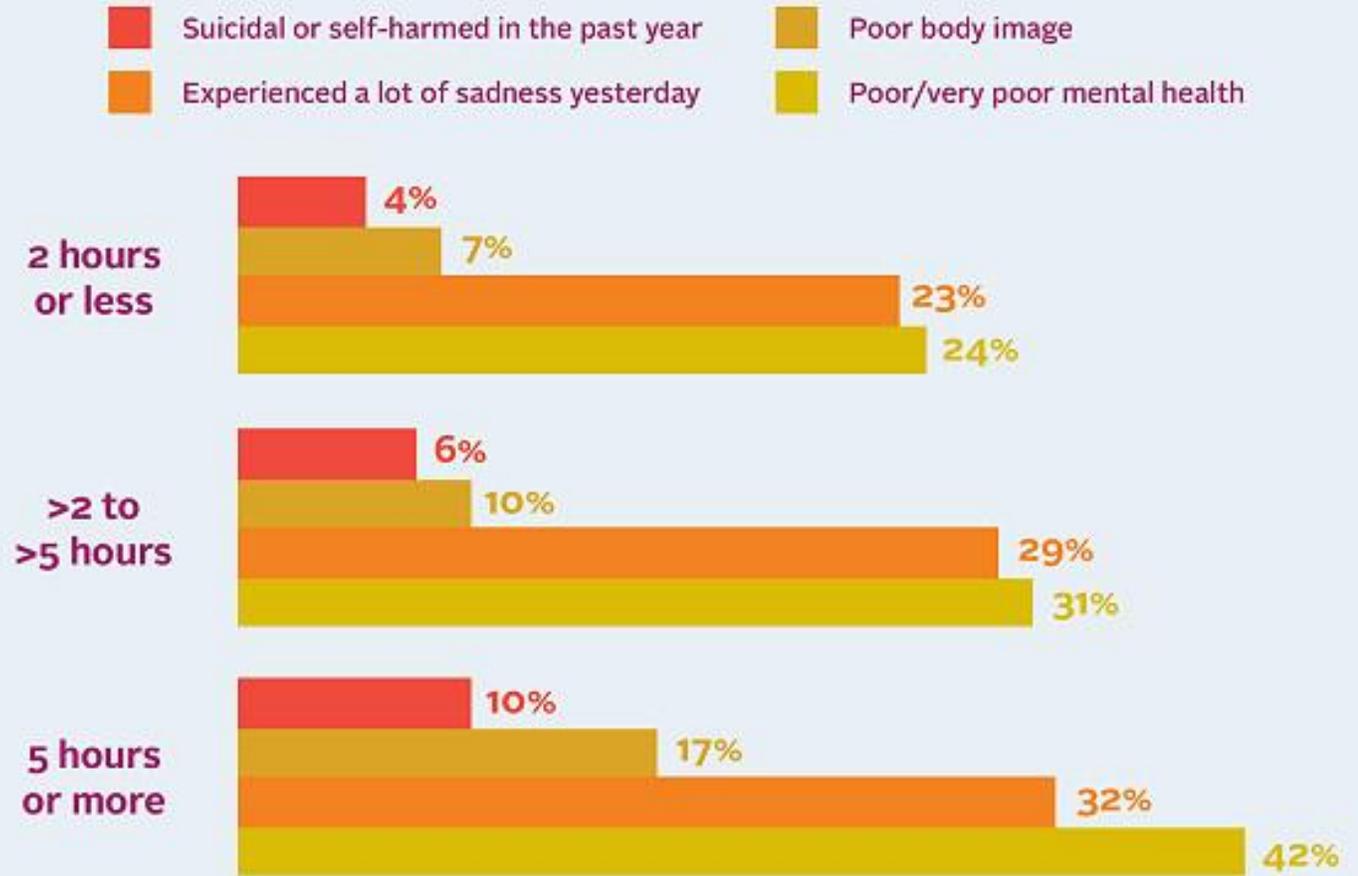
# Social Media and Mental Health

% US Teens with Major Depression



# Social Media and Mental Health

## Adolescent mental health problems by screen time use.



Source: Gallup Familial Adolescent Health Survey, fielded in June-July of 2023. Results are weighted to be nationally representative.

# Hours of Screen Use and Depressive Symptoms in Teen Girls

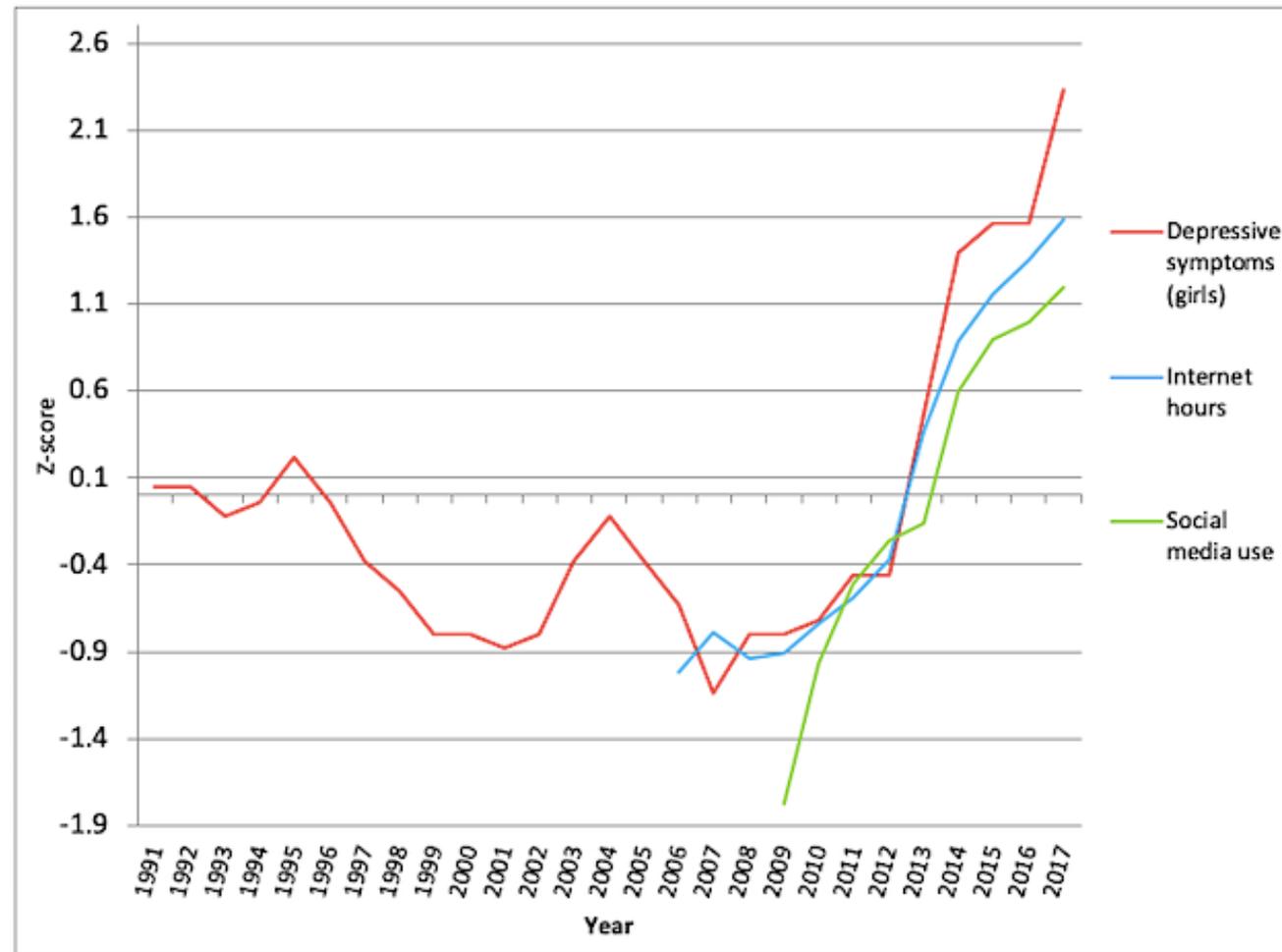


Figure: Teen girls' depressive symptoms, hours using the internet, and social media use (Z-scored), 1991-2017.  
Source: Monitoring the Future survey of U.S. 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders.

# Negative Effects of Screen Media

Unhealthy Comparisons

Social Isolation

Cyberbullying



Addictive or Compulsive Use

Exposure to Harmful Content

Sleep Disruption

# Best Practices for Screen Media Use

## Establish Ground Rules

- 1-2 hours daily of recreational screentime
- Breaks every 30-60 minutes

## Model Good Habits

- Parents and caregivers should model balanced screen use

## Establish Tech-Free Zones and Times

- No devices in bedrooms or at mealtimes
- Stop screen use at least 1 hour before bed

## Monitoring Tools

- Use screen time monitors, content filters, app permissions, etc.

# Talk to Teens about Digital Safety

- It is important that adults have frequent, honest, and open conversations about digital safety:

Risks of  
internet access

Think before  
you post

Cybersecurity  
and phishing  
scams

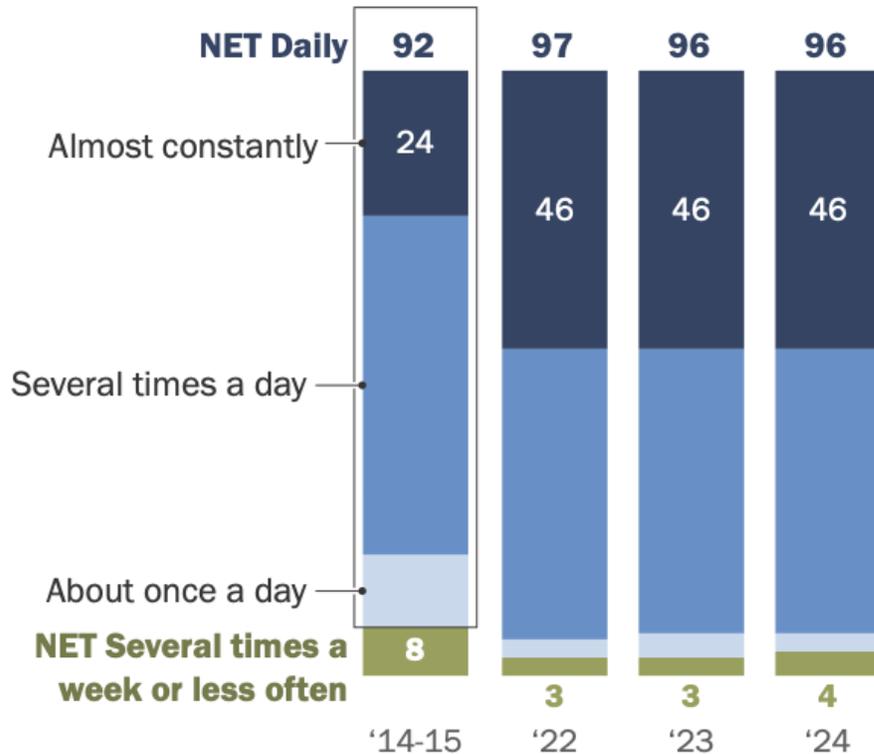
Boundaries: It's  
ok to say no,  
block, or report  
someone

Safety and  
privacy  
guidelines

# The Reality: Teens are Online A LOT

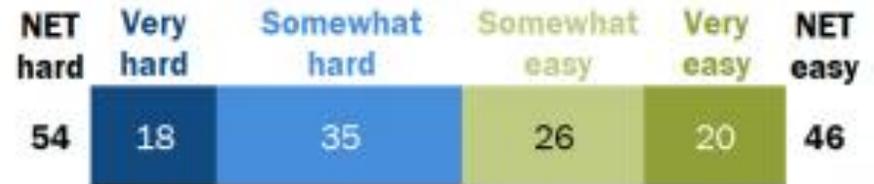
## Nearly half of teens say they are online 'almost constantly,' up from 24% a decade ago

% of U.S. teens ages 13 to 17 who say they use the internet ...



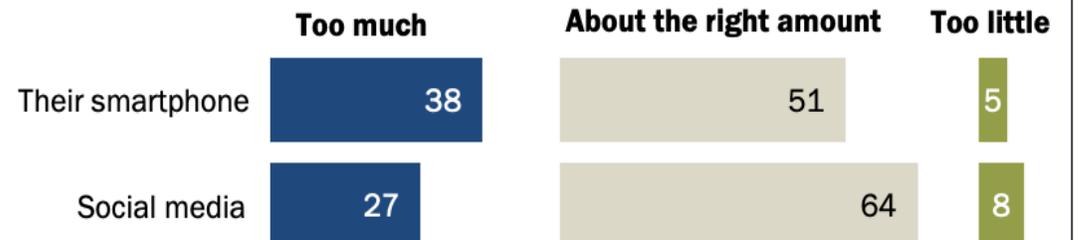
## 54% of teens say it would be hard to give up social media

% of U.S. teens who say it would be \_\_\_ for them to give up social media



## About 4 in 10 teens say they spend too much time on their phone

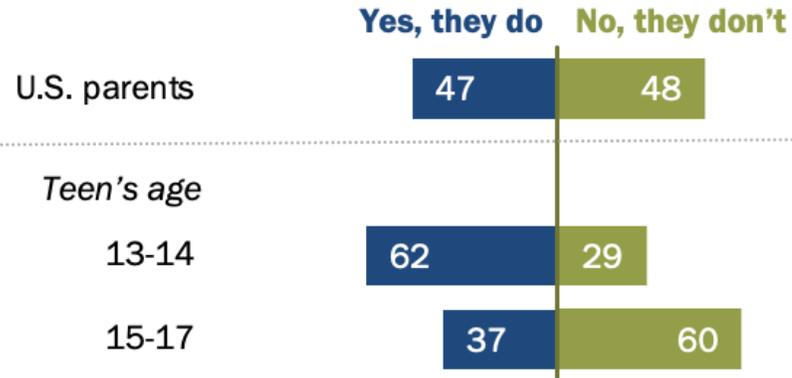
% of U.S. teens ages 13 to 17 who say they spend \_\_\_ (of) time on the following



# The Reality: Parents don't Always Set Limits

## Parents with younger teens are more likely to set time limits on phone use

*% of U.S. parents of teens ages 13 to 17 who say they do/do not limit the amount of time their teen can be on their smartphone*

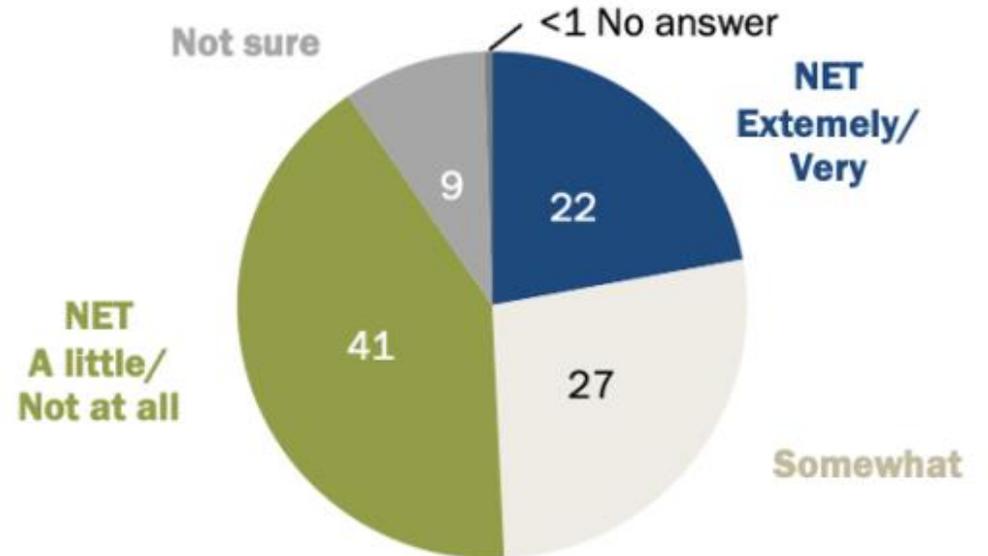


Note: Those who did not give an answer, including parents whose teen does not have a smartphone, are not shown.  
Source: Survey conducted Sept. 26-Oct. 23, 2023.  
"How Teens and Parents Approach Screen Time"

PEW RESEARCH CENTER

## Only a minority of teens say their parents are extremely or very worried about their social media use

*% of U.S. teens who say they think their parents are \_\_\_ worried about them using social media*





# MENTI PLACEHOLDER

- Why aren't adolescents and their parents following recommendations for screen media use?

# Why aren't Adolescents and their Parents Following Recommendations for Screen Media Use?

## Parent-Related Barriers

- Lack of time and energy
- Uncertainty about guidelines
- Want to avoid conflict

## Adolescent-Related Barriers

- Teens rely on technology
- Social pressure and FOMO
- Addictive app and game design



More unsupervised screen time

# Barriers for Parents: Challenges with their Own Habits and Behaviors

**Show of Hands: How many of you do the following?**

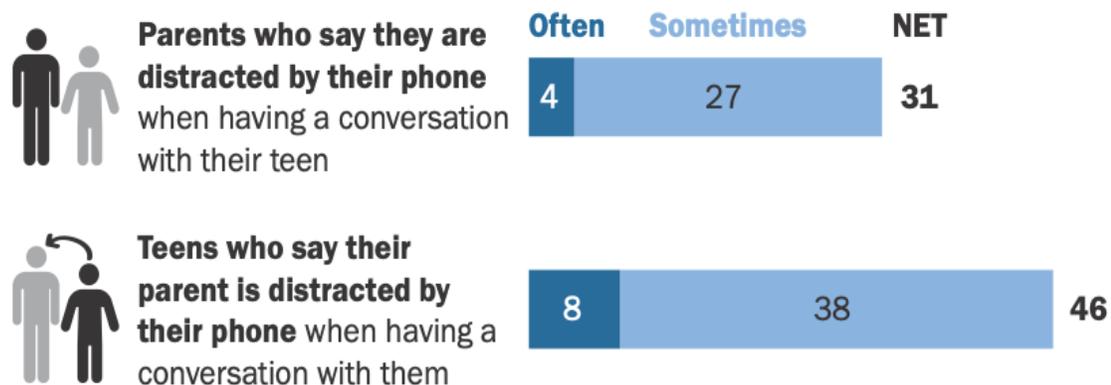
1. Sleep with your phone in your bedroom?
2. Scroll through social media immediately before bed?
3. Work on your laptop in bed?
4. Spend more than 1-2 hours per day on your phone?



# Barriers for Parents: "Do as I say, not as I do"

## Nearly half of teens say their parent at least sometimes gets distracted by their phone in conversations; fewer parents see it this way

% of U.S. parents and teens ages 13 to 17 who say the following

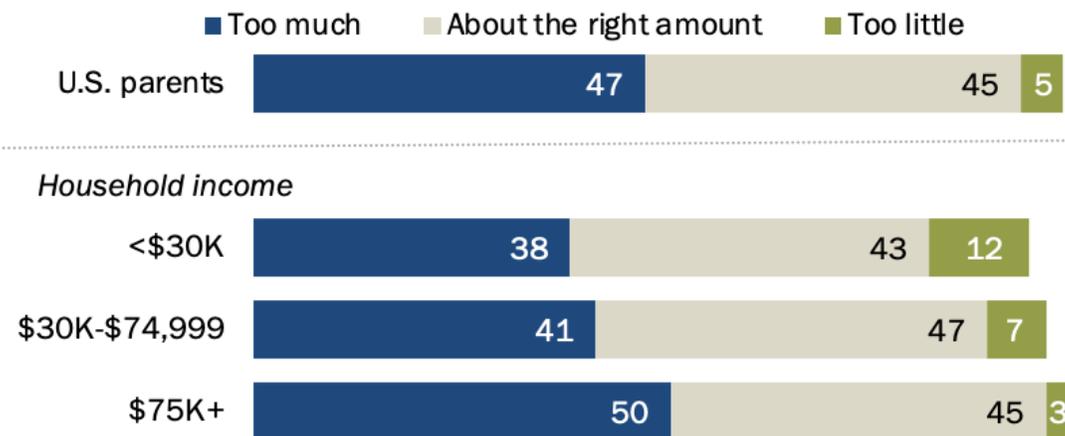


Note: Those who did not give an answer or gave other responses are not shown.  
 Source: Survey conducted Sept. 26-Oct. 23, 2023.  
 "How Teens and Parents Approach Screen Time"

PEW RESEARCH CENTER

## Roughly half of parents say they spend too much time on their phone, but this varies by income

% of U.S. parents of teens ages 13 to 17 who say the amount of time they spend on their smartphone is ...



Note: Those who did not give an answer, including those who do not have a smartphone, are not shown.  
 Source: Survey conducted Sept. 26-Oct. 23, 2023.  
 "How Teens and Parents Approach Screen Time"

PEW RESEARCH CENTER

# Sleep and Mental Health

Less irritable  
and emotionally  
reactive

Fewer mood  
swings

Better able to  
cope with  
stress

Better impulse  
control



Lower levels of  
depression

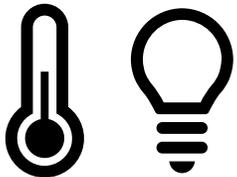
# Best Practices for Healthy Sleep



Go to bed and wake up at the same time



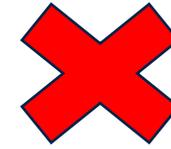
Create a bedtime routine



Keep bedroom cool and dark



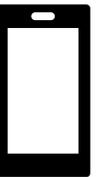
8-10 hours per night



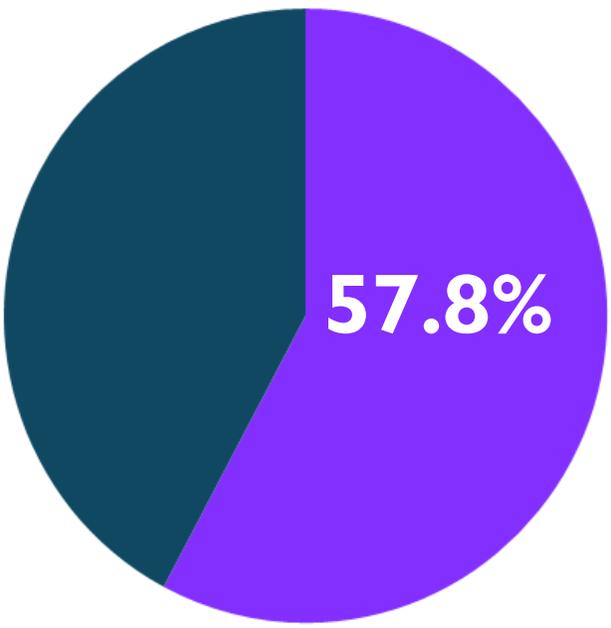
Caffeine within 6-8 hours bedtime

Screens within 1 hour of bedtime

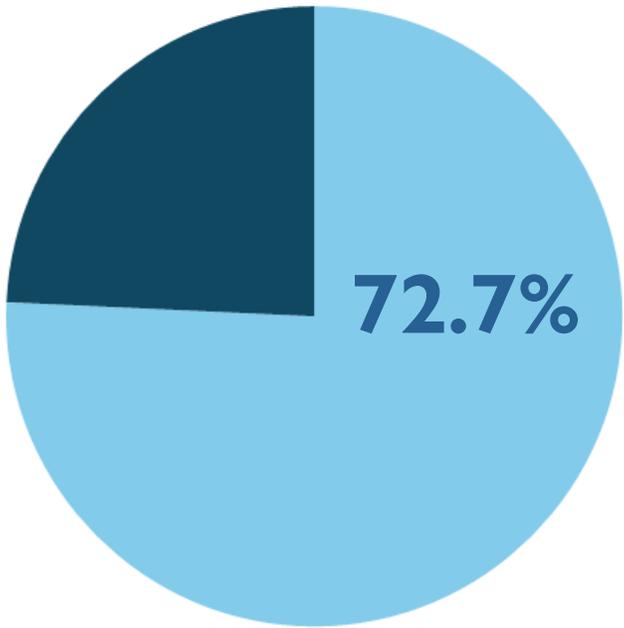
Using bed for studying, playing games, or other non-sleep activities



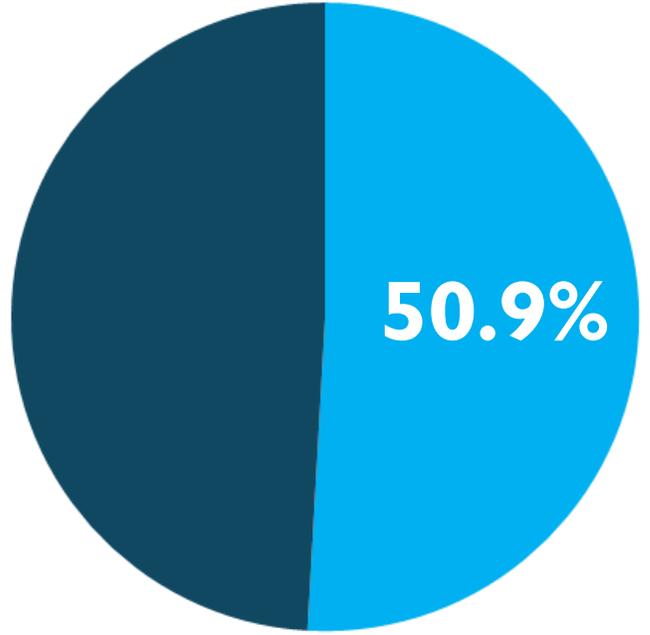
# The Reality: Teens aren't Getting Enough Sleep



6 out of 10 middle schoolers don't get enough sleep



7 out of 10 high schoolers don't get enough sleep



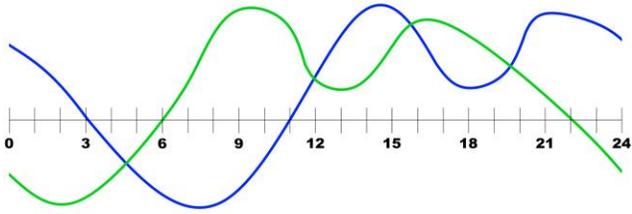
More than half of adolescents report screen media use until 11 pm or later



# MENTI PLACEHOLDER

- Why aren't adolescents getting more sleep?

# Why aren't Adolescents Getting More Sleep?



Changes in circadian rhythms



Screen use before bed



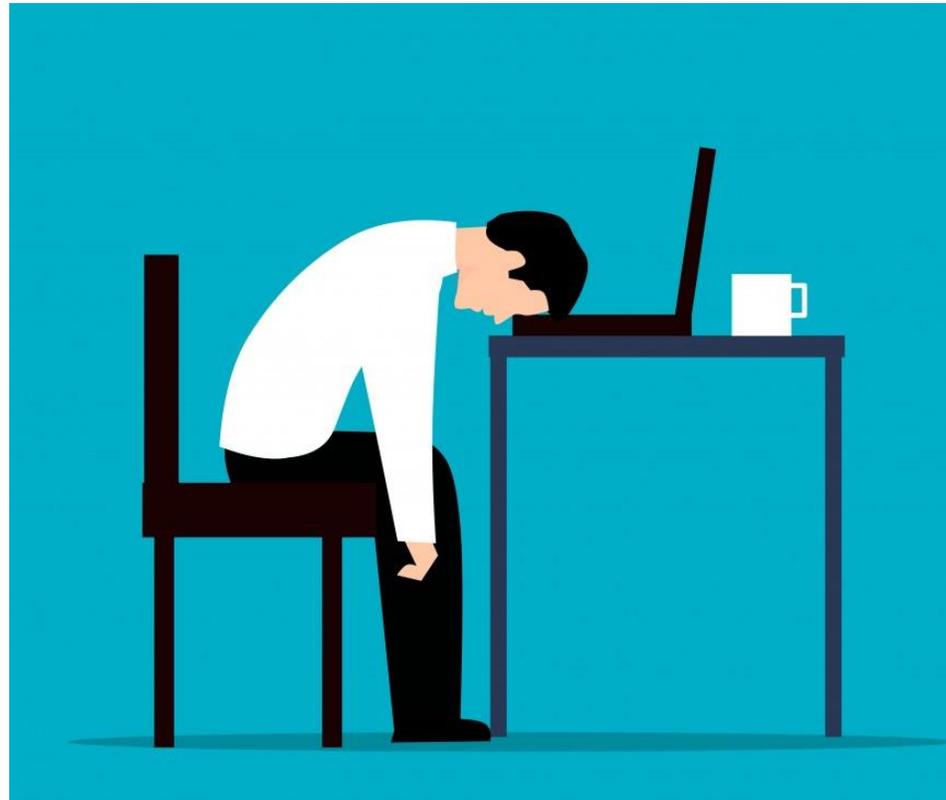
Early school start times



Homework and extracurricular demands

# Barriers for Parents: "Do as I say, not as I do"

On average, adults spend **3 hours, 30 minutes** on social media before bed every night.



More than **1/3** of adults in the U.S. sleep less than 7 hours per night.

# Why aren't Adolescents Getting More Sleep?

## Time Constraints

- Busy schedules
- Longer work hours

Disrupted sleep cycles

Difficulty creating optimal sleep environment

Difficulty establishing consistent routines

May have to balance work and academic demands

## Socioeconomic Factors

- Crowded housing
- Financial stress

## Neighborhood Factors

- Noise and light pollution
- Safety Concerns

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# The first ingredient: trust

**"No significant learning can occur without a significant relationship."**

— *Dr. James Comer* (again—this one's a cornerstone)

# Practice addressing poor sleep hygiene

- A: Teen girl who naps all day and stays up all night.
- B: Pediatrician



# "Error-Informed Practice"

- At your age, a 14 year-old needs to sleep 10-12 hours per day. → Change vs. 'goal'
- How much time do you spend on your phone every day? → Implicit assumptions
- Social media causes depression → Missed shared values
- →



# Set the stage

- Gauge ambivalence
- Ask together, but build the motivation separately
- Ascertain what is possible / barriers
- Inform with past successes and youth's aspirations
- Do not fight the resistance



# OARS

- Uses 4 core skills (OARS) to guide conversations:
  - O – Open-ended questions:** Encourage the patient to elaborate and reflect.
  - A – Affirmations:** Highlight strengths and past successes.
  - R – Reflective listening:** Demonstrate understanding and empathy.
  - S – Summarizing:** Reinforce key points and ensure clarity.

# A Change in Habits- 'Recipe'

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
(1=Never plan to change)							(10= I will completely CHANGE habit starting NOW)		

- What number reflects your wish to "stay in class" to a 10? The number you select = ( x )
  - **Why ( x ), and not a lower number?**
- The MOST IMPORTANT reason I want to change this habit (or reach a 10) is:
- What do you need to help you go from (a) to (a)+1?
- I will know my plan is working if:
- **Additional:**
  - when would you like to get to 10?
  - What might interfere with your plan to go from (a) to (a)+1? What are some things others and/or you can do to address these hurdles?



# Practice addressing screen use in the office

- A: Parent of adolescent whose 14 year-old son stays up until 3am on videogames ~3 nights per week.
- B: Pediatrician



# MENTI PLACEHOLDER

## Screen Media Parent Concerns:

- “My daughter stays up late on TikTok and sleeps through her alarms. She’s exhausted every morning.”
- “I found out my son was talking to strangers online. I’m terrified.”
- “Everyone says kids are on screens all the time—but how much is too much?”
- “My daughter’s self-esteem has plummeted since she started using Instagram. She’s always criticizing her body.”



# MENTI PLACEHOLDER

## Parent Sleep Concerns:

- “My 15-year-old won’t go to sleep before midnight, no matter what we do. He’s tired all the time.”
- “We have a small apartment and younger kids. My teen says it’s too loud to sleep, but we can’t do much about it.”
- “My daughter keeps her phone in bed and checks it all night. She says it helps her fall asleep.”
- “My daughter has so much homework she stays up until 1 or 2 AM. She’s exhausted but won’t cut anything out.”

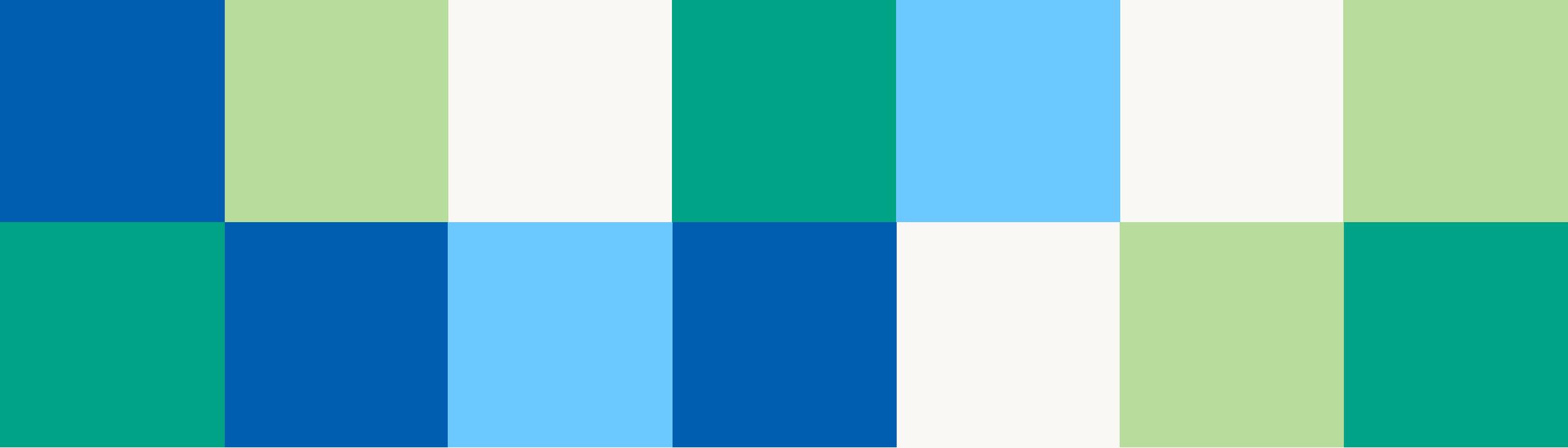


# Trouble-shooting

- What if they answer ZERO?
- What if all my recommendations for behavioral modification are 'IMPOSSIBLE'?
- What if parent scolds youth throughout this process?



# Analogies that ‘Stick’



## Tips to Support Behavior Change

# ‘R.U.L.E.’

- Based on 4 central principles (RULE):
  - R - Resist the righting reflex** – Avoid the urge to correct or fix the person’s behavior.
  - U - Understand your patient's motivations** – Explore their own reasons for change.
  - L - Listen with empathy** – Use reflective listening to show understanding and build rapport.
  - E - Empower your patient** – Support self-efficacy and belief in their ability to change.





# Ask

## Step 1: Engage

- Show empathy and interest without judgment.
- Ask open-ended questions to understand the patient's perspective:

“I know managing screen time can be really challenging with busy schedules. How has it been going for you?”

“Many parents I talk with find screens helpful but also worry about how much their kids use them. What’s your experience been like?”



# Focus ‘gently step in’

## Step 2: Focus

- Introduce a topic and gain permission to discuss it.
- Ask open-ended questions to understand the patient's perspective:

“Would it be okay if we talked a little about how much screen time your child is getting?”

“Screen use can affect sleep, attention, and behavior — is this something you’re concerned about?”



# ‘Collect reasons’

## Step 3: Evoke

- Help patients express their own reasons for wanting to change or maintain habits.
- “What do you like about how your child uses screens?”
- “What worries you about the amount of time they spend on screens?”
- “How do you think screen time affects your child’s daily routine or behavior?”
- “If you were to change screen habits, what benefits would you hope to see?”
- Listen and reflect to reinforce change talk



# Scaffold planning

## Step 4: Plan

- Collaborate with patients to set realistic goals
- Emphasize small, manageable steps and things that are in the patient's control
- “What’s one small change you think you could try this week around screen use?”
- “How can I help you with this?”
- “Would it help to set some screen-free times, like during meals or before bed?”

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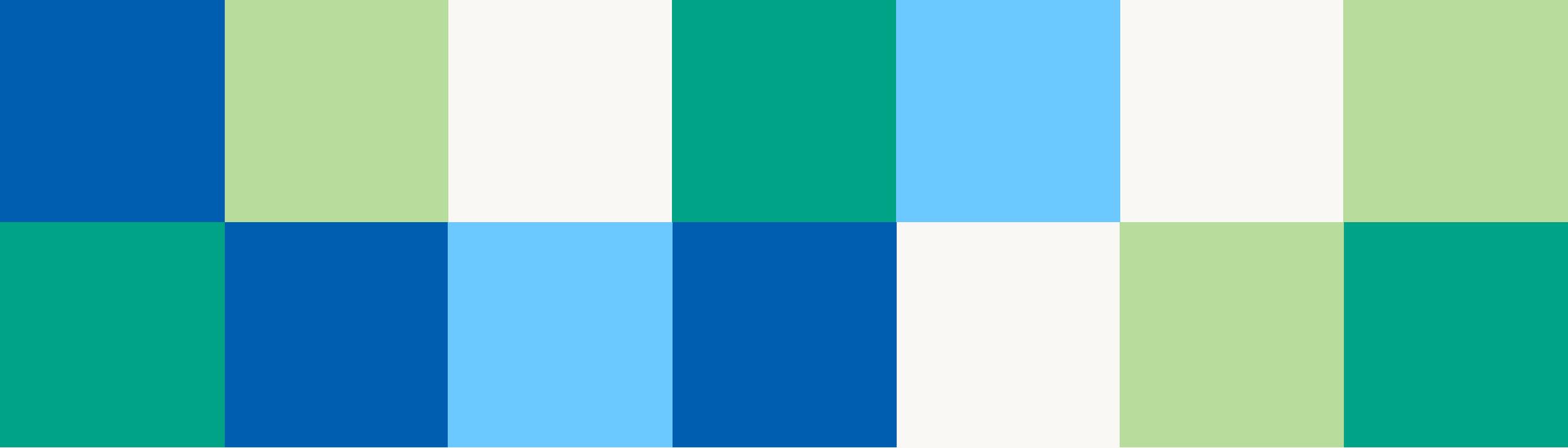
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# School Avoidance



# Can you write a doctor's note please?

- “Mom called asking for a doctor's note for T.J. because he had to go home with a migraine again. She cannot pick it up today.”
- One study found that 40% of students who were absent for injury or illness were home for other reasons such as parental illness or transportation problems
- If we write a letter, we are responsible for the treatment that addresses the cause of this absence.

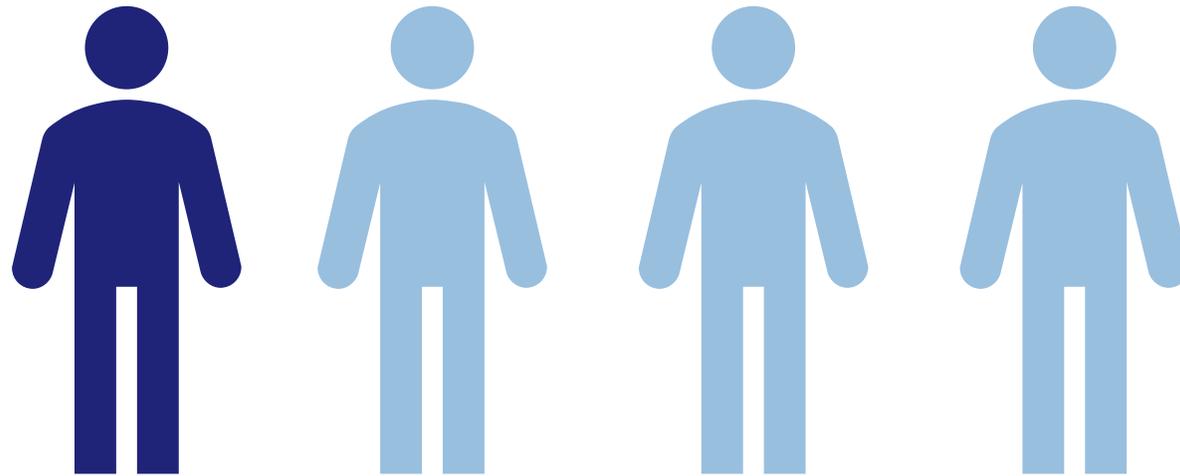


# What is School Avoidance

# What is School Avoidance

- School avoidant behavior can be any of the following:
  - Complete absence from school
  - Leaving early from school or escaping often to a "safe place" within the school
  - Repeated challenging behavior in the morning to delay leaving for school-crying, hiding in bedroom, outbursts, or refusing to move.
  - Increased fear and distress regarding going to school and begs their parents to stay home

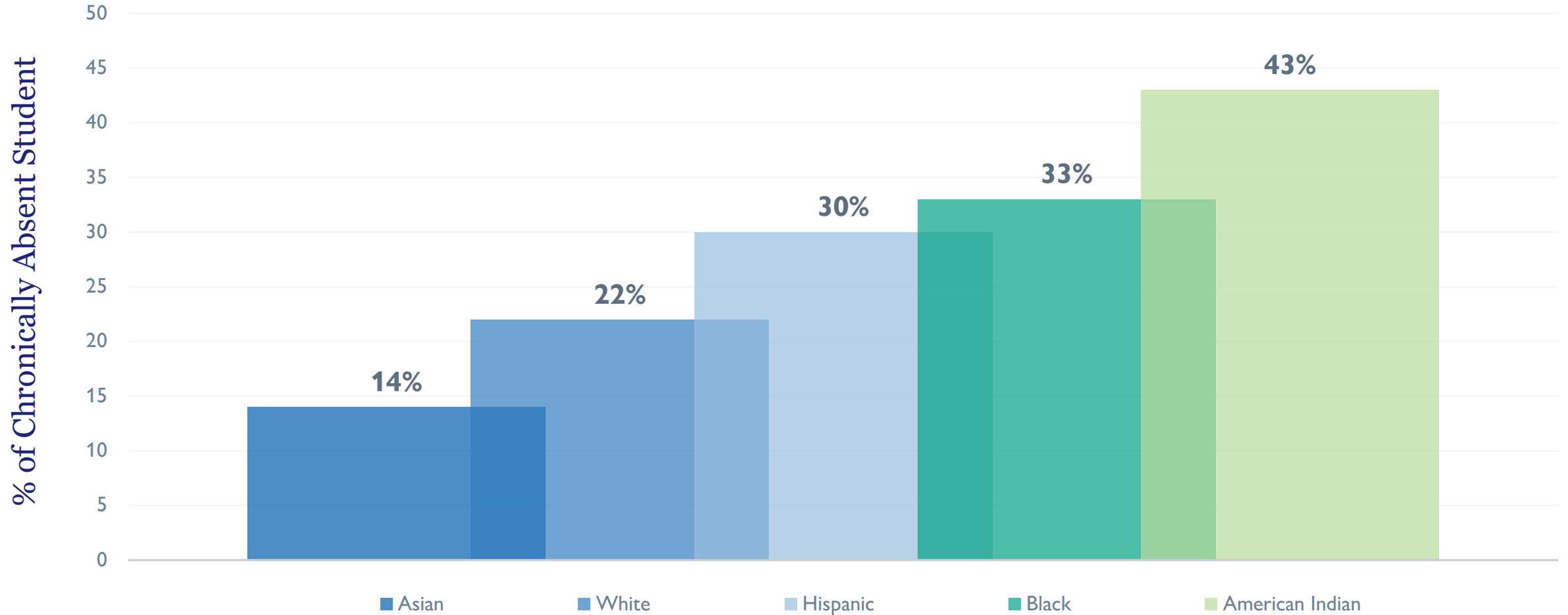
# Chronic Absenteeism in North Carolina



27% of K-12 students missed  
≥10% of school days in the 2022-23 school year

# Chronic Absenteeism in NC

By Race/Ethnicity





# Why it matters

- **Missing 18 or more days of school** in one year during elementary school makes children much less likely to read on grade level.
- During middle or high school, it makes children much **more likely to drop out** before earning a high school diploma.
- 45% of children with School Refusal do not complete high school
  - Incurring > risk of chronic illness, poverty, unplanned pregnancies, and justice-involvement.
- 43% of children with School Refusal develop severe psychiatric conditions as adults.

# Possible Reasons for School Avoidance

## School

Learning Difficulties  
Changes in staff  
Grade Transition

## Social

Bullying  
Peer Rejection  
Cyberbullying

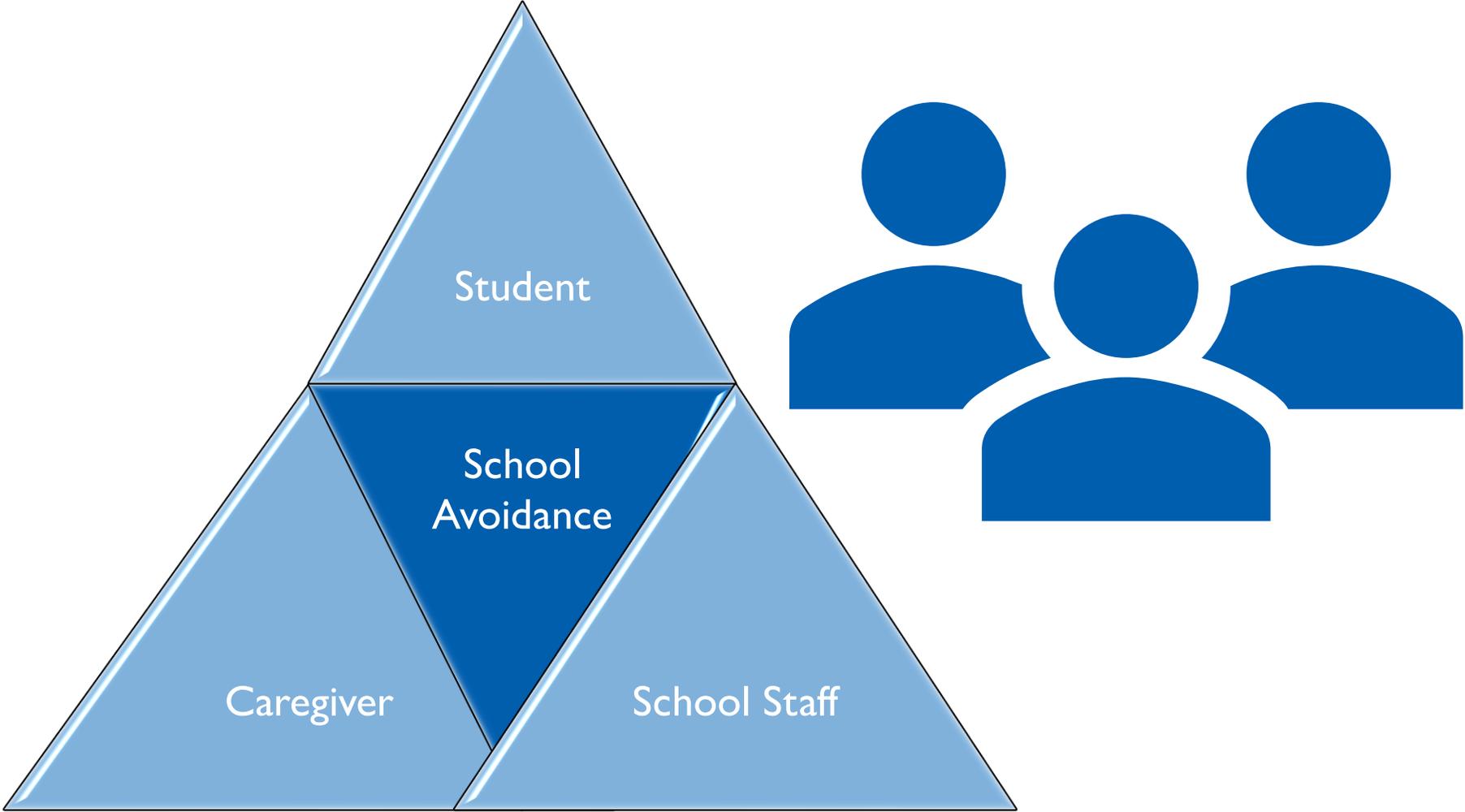
## Family

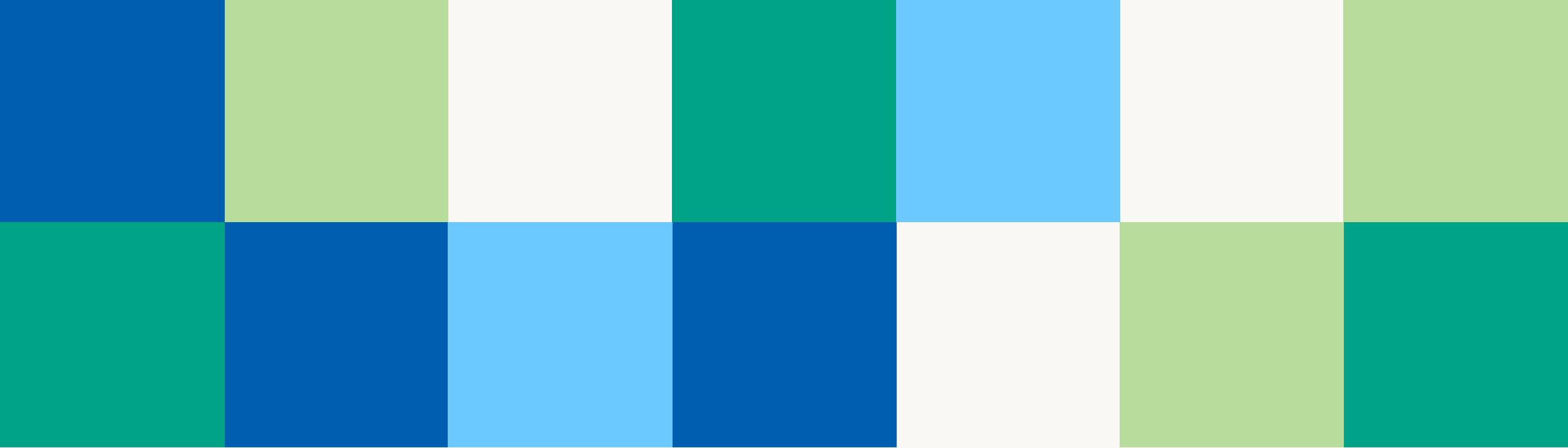
Family Stressors  
Homelessness  
Violence  
Abuse  
Mental Health  
Transportation

## Self (Student)

Mental Health  
Separation Anxiety  
Social Anxiety  
Depression  
Physical Health  
Learning Difficulties  
Bereavement

# The Multidisciplinary Approach





What to do?



# ‘Plant the seeds’

- Ask for attendance report at wellness visits
- Ask about morning routine challenges
- Inquire about transportation and other child-care challenges
- Support improved sleep
- Talk about *your* school experiences (you’re a role model)
- “Three wishes” question:
  - ***If you could make THREE wishes about (school life), what would they be?***

# If the symptom is present...

- When did it start? What is at risk? Why does it matter (to parent, to youth and to siblings)
  - Rule out anxiety disorders, MDD and trauma-related conditions
- Probe further
  - Factors that draw away from school: *time with parent, time on screen, time with peers*
  - Barriers to stay in school: *social pressures, performance assessments, school nurses sending them home for small symptoms*
- Collaborate with the School Nurse, educate parents on 'School Re-entry plan'

# Clinicians' Role in return to classroom/school

- Delineating specific steps to follow in case of medical complaints (i.e. if RN isn't available)
  - When should parent be called?
  - Identify strategies that help the child stay in school
- Encourage and facilitate communication with teachers when flare-ups occur
- Educate staff on how mental health conditions might interfere with some educational tasks to avoid unwarranted disciplinary action
  - If in doubt, use our online office hours

# Anxiety Action Plan

Name: \_\_\_\_\_

I have been diagnosed with an anxiety disorder by my healthcare provider.  
Symptoms can happen throughout the day or in episodes.

Some ideas...

For me anxiety looks like:

- Frequent headaches and/or stomachaches
- Needing to use the bathroom often
- Difficulty speaking up
- Acting irritable or not following directions right away

Times or places that make me especially anxious:

- The bus
- The cafeteria
- Gym class
- Math class
- Recess/Free period
- Study hall
- Transitions
- Tests
- Presentations

What helps me calm down:

- Using items in my sensory kit
- Listening to music
- Wearing noise canceling headphones
- Taking a short break (in or out of class)
- Running/jumping/crawling in a safe place
- Hugging a safe person or stuffed toy
- Eating one bite of a safe food
- Doing a breathing exercise

How I communicate my needs:  
(to be agreed upon and arranged by teachers)

- Showing a card or hand signal from my seat
- Using a code word
- Following a schedule made with my teacher(s)



# Parent Do's

- Intervene early and try to help identify the “why”
  - Approach with curiosity not accusations
- Include your child in collaborating with school to make plan
- Be calm, compassionate, BUT firm
- Expectations in writing- consequence if expectation not met
  - “sick day policy”
- Notice small successes
- Manage your own stressors/ anxieties



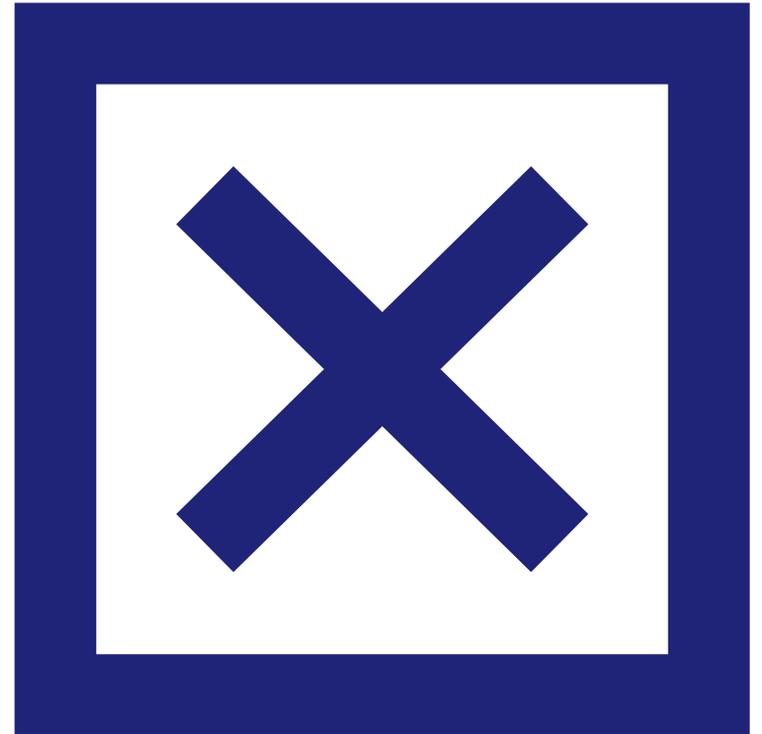
# Home Environment

- During School Hours avoid things child would not have access to if in school
  - Electronics
  - School Lunch vs Giving credit card
  - No napping or sleeping in
- Continual communication from school staff-  
Maintaining “identity of a student”



# Parent Don'ts

- Not creating structure/routine at home when child is not in school
- Doing school-work for your kids
- Nag constantly or use fear tactics
- Feel like you have to do it alone
  - Get support for yourself
- Expect child to return to full days following extended absence

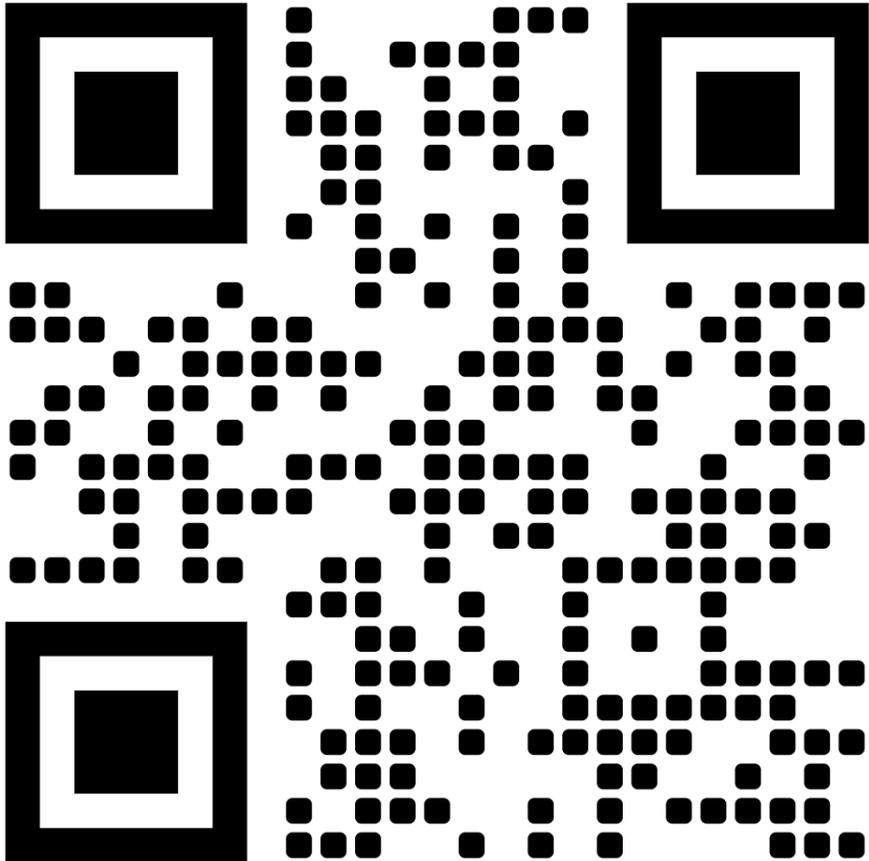


# School Avoidance

Clinician Tip Sheet



Parent Tip Sheet



*Have a minute please?*



**Are you a clinician who provides behavioral and mental health care for child and adolescent patients?**

- NC- PAL invites you to participate in a brief survey to help us better understand how you provide behavioral and mental health care for children and adolescents, including any challenges you may face and ways our program can support your needs as community-based healthcare providers.
- If you are interested, please scan the QR code.
- We appreciate your time and insight and are looking forward to hearing from you!





Thank you!

Learn more online at [nccpal.org](https://nccpal.org)

For general information, call us at **(919) 668-0060**  
or send us an email at [nccpal@duke.edu](mailto:nccpal@duke.edu)

DUMC Box 3527, Durham, NC 27710

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- With the recent passage of the landmark state budget, NC-PAL is receiving additional funding from Medicaid (\$2.4 million) and Mental Health Block Grants (\$1.7 million) through June 2024.
- The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

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