



Help Me Grow

**SUPPORTING BEHAVIORAL
HEALTH IN YOUNG CHILDREN:
Tools for Health Care Providers**

January 25, 2025 9:30AM – 2:30PM

Welcome!

Thank you to our sponsor:



coordinated care™

Thank you to our sponsor:



United
Healthcare
Community Plan

Land Acknowledgement

We recognize, with respect, that our gathering and work take place on the homelands of the Coast Salish People.

The Upper Skagit, Lummi, Nooksack, Samish, Sauk-Suiattle, Stillaguamish, Swinomish, and Tulalip tribes carry on their enduring legacy, and we affirm their sovereignty.

Today, we acknowledge a need for representation and understanding of their beliefs, history of oppression, and ongoing resiliency. We give thanks for their stewardship of the mountains, waterways, and lands we call home.

To learn more, scan the code below





Are you **PREGNANT** and
want to connect with a
public health nurse?



Looking for **SERVICES**
like parenting supports
or health insurance?



Need help with
ITEMS like diapers
and car seats?

Help Me Grow Skagit is here for you and your family!

Learn more at:

www.HelpMeGrowSkagit.com



- SEAS stands for Single Entry Access to Services. SEAS is a program through Opportunity Council that connects Whatcom County children and families to resources.
- SEAS connects families to resources for:
 - Children and youth birth-21 who have or may have special healthcare needs. Include children with developmental delays, disabilities and behavioral concerns.
 - Pregnant and parenting families with a child 5 and under.

Examples of resources include: health, developmental, and behavioral services, perinatal mental health support, parenting and peer supports, basic need and financial assistance resources,

First Approach Skills Training

Mental Health Intervention in Integrated Settings



Seattle Children's®

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and Behavioral Sciences
Seattle Children's Hospital

► Speaker Disclosures

- University of Washington faculty, practicing at Seattle Children's Hospital
- Funding: NIH (NIMH, NCCIH), WA HCA, Kaiser Perm.
- Scientific Advisor for Clarity Pediatrics, Maxis Health Sciences
- Royalties from my book series, *My ADHD Toolkit Books*



Today's Overview

- Origins of FAST
- FAST At-A-Glance
- Mental Health screenings
- Overview of FAST programs
- FAST - Early Childhood
 - “Pitching” Fast-E to families
 - Serve and Return + practice
 - Tantrums
 - Troubleshooting Barriers & Discussion



Integrated Care

Addressing youth mental health crisis by:

- Expanding availability
- Reducing stigma
- Screening early for concerns
- Comfortable setting
- Warm handoff of care

BUT....

- Difficult to staff
- Harder to implement evidence-based treatments



What is FAST?

- Brief, interactive handouts & workbooks
- Adapted to “brief care” settings
- Streamlined training
- Now in primary care, schools & community MH

Program	Evidence-base
FAST-Anxiety	Exposure therapy
FAST-Behavior	Behavior Management Training (BMT)
FAST-Depression	Behavioral Activation
FAST-Parenting Teens	BMT, STAND for ADHD
FAST-Trauma	Trauma Focused-CBT
FAST-Early Childhood	Reciprocal interaction coaching, BMT



First Approach Skills Training (FAST) Program



Live and Video
Trainings



For Primary Care
Providers



For Parents &
Caregivers



Research and
Presentations

FAST Resources for Mental Health Clinicians

Program materials, as well as engagement and assessment tools for Mental Health Clinicians, are provided below.

FAST Programs

For each FAST program, there is a two-page "Snapshot" educational handout that can be given out as a first step in care, prior to referral for the clinician-guided intervention. Click a focus area below to access its program materials or [browse all programs](#).



FAST website



What Are Your Top Problems?

*I want to understand and help with the problems that are most important to you right now.
What things are you doing or feeling that are causing the most trouble for you?*

- List the top 1-3 problems that you are hoping treatment can help with.
- Make the problems as specific as possible: for example, instead of “anger,” try “getting angry about screen curfew and yelling at parent.”
- Rate how big or interfering each problem is right now, using the 0-10 scale below.
- Then circle the problem that is your top priority for treatment.

Youth - Target Problems	Rating 0-10	Caregiver - Target Problems	Rating 0-10
1.		1.	
2.		2.	
3.		3.	

Not At All A Problem					Somewhat A Problem		Very Much a Problem			
0	1	2	3	4	5	6	7	8	9	10

Youth Top Problem Examples:

- ☐ Feeling too shy to talk at school
- ☐ Worrying that something terrible might happen
- ☐ Feeling too bad to go to school
- ☐ Not making plans to see friends
- ☐ Feeling sad and not enjoying

Consider Using:

FAST-A

FAST-D

Caregiver Top Problem Examples:

- ☐ Youth seems stressed, overwhelmed or worried
- ☐ Often stays home sick
- ☐ Youth does not spend time with friends
- ☐ Seems sad and/or grumpy
- ☐ Youth is on screens too much
- ☐ Youth gets angry and yells

Brief Assessment



Engagement Tools

Learning About You *Respect*

Learning about you and your family helps me be a better support.
You can choose what you want me to know today about your...

- Ethnicity or cultural group
- Religion or spiritual beliefs
- Race
- Gender
- Sexual orientation
- Family history or values
- Other background or parts of who you are?



Discrimination (being treated unfairly because of how you look, or because you belong to a certain group) is common and has an impact on our mental health and well-being. If you are comfortable sharing:

- Is discrimination affecting your family's mental health?
- Does this cause or worsen the problems you are seeking treatment for?



I'm interested in your past experiences with mental health care...

- Have you or people you know had good or bad experiences with counseling?
- I can share how my care might be the same or different from that.

Because my background (like my race, gender, or life experiences) is different from yours...

- I might make a mistake, or say or do something that makes you feel misunderstood.
- If that happens, please tell me so I can fix it, and learn to do better. I am grateful for any feedback you give and appreciate anything you choose to share with me.



First Approach Skills Training (FAST) Resources Mental Health Tips Sheets for Teens



Scan the QR code for tools to help you with...



Anxiety problems

Avoiding or dreading normal situations, or worrying too much.

Depression or low mood

Feeling sad or down, losing interest in things you enjoy.

Reactions to trauma

Struggling with big feelings after something really upsetting, like abuse, violence, or a death.

Sleep problems

Trouble falling asleep or waking up, feeling tired during the day.

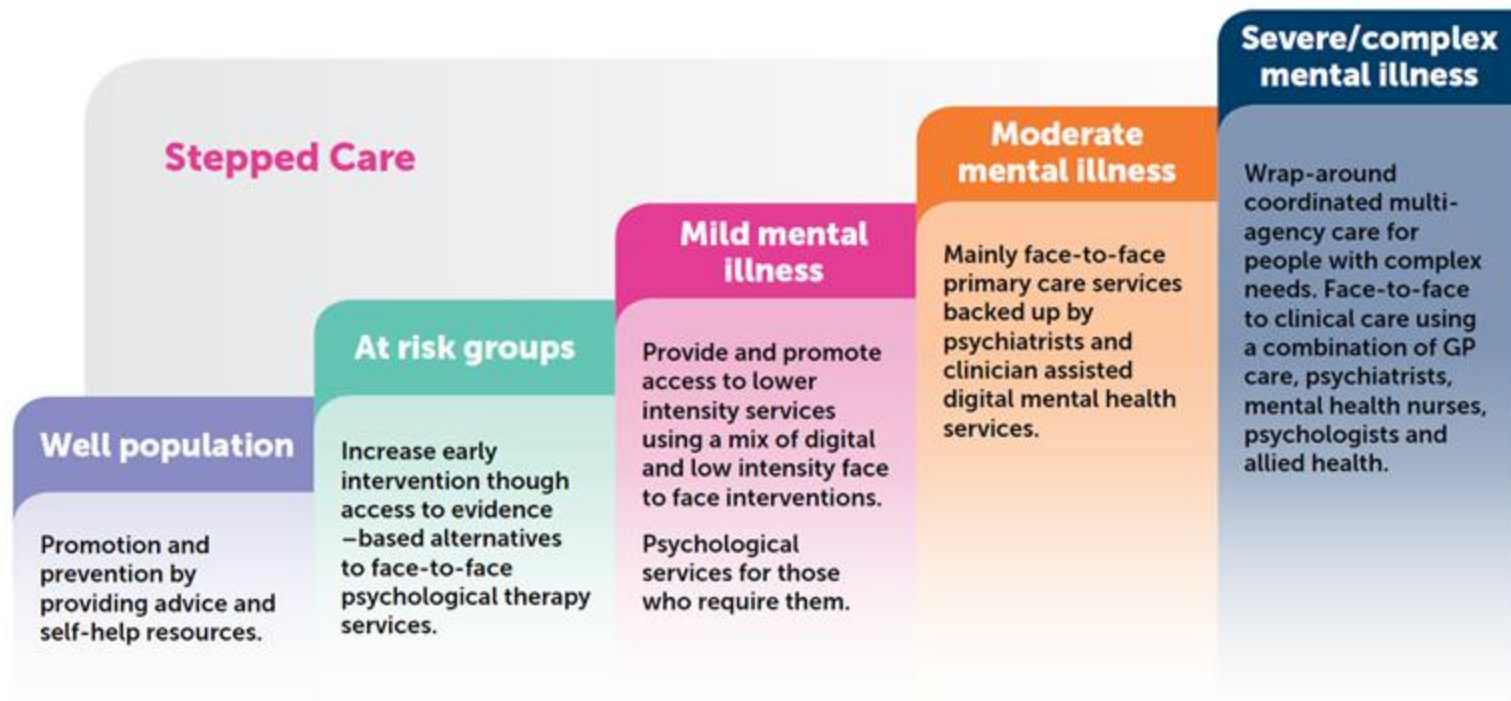
Screen use habits

Feeling stuck in bad screen habits.

Find more resources at:
www.SeattleChildrens.org/FAST

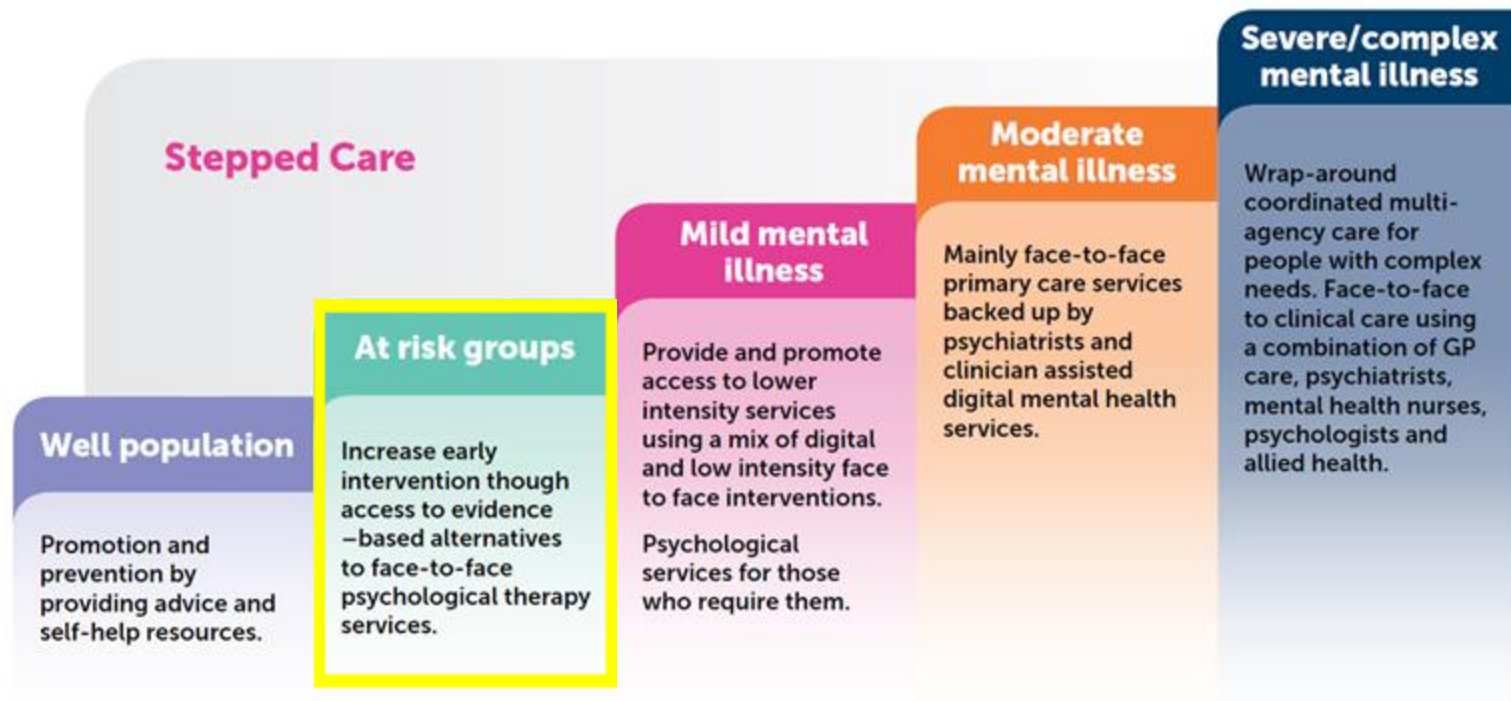
Stepped Care

Tailoring treatment dose/intensity to patient's level of need



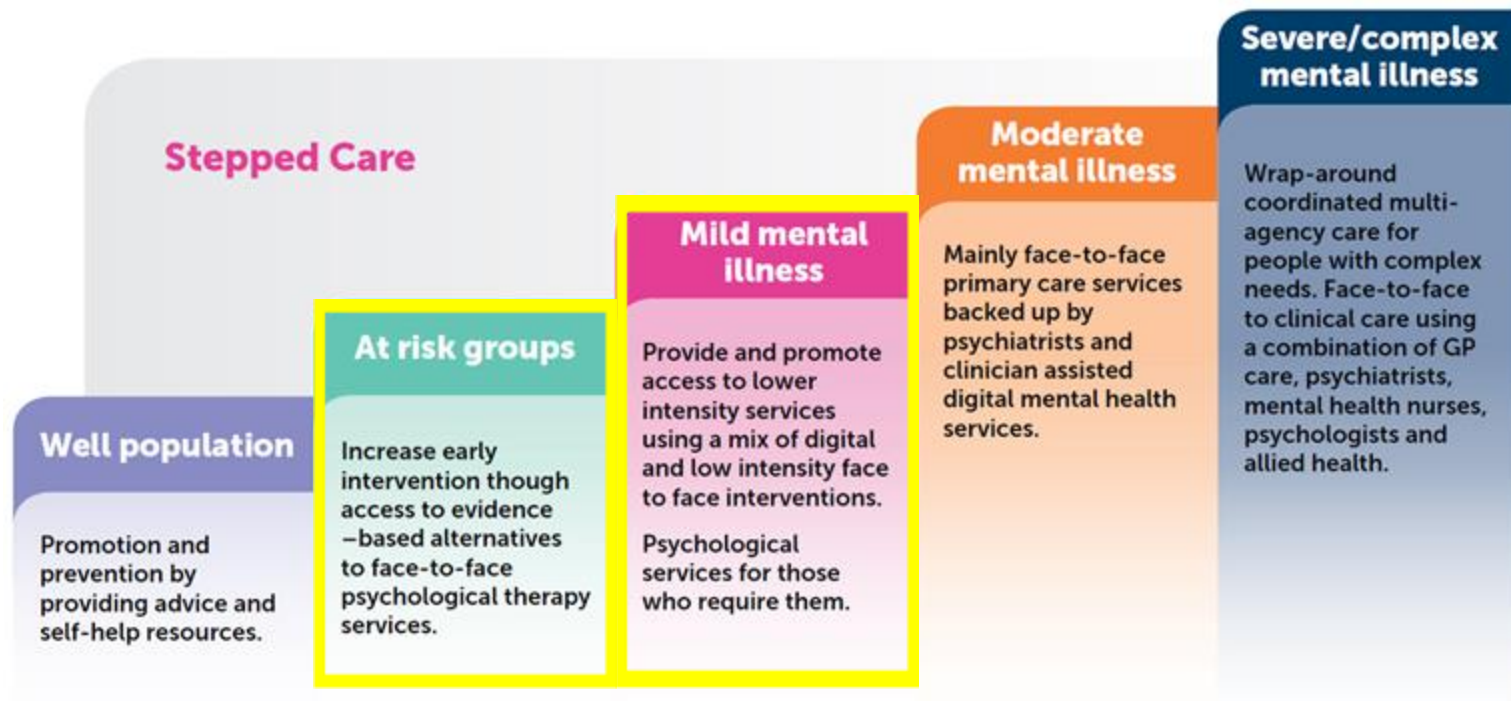
Stepped Care

Tailoring treatment dose/intensity to patient's level of need



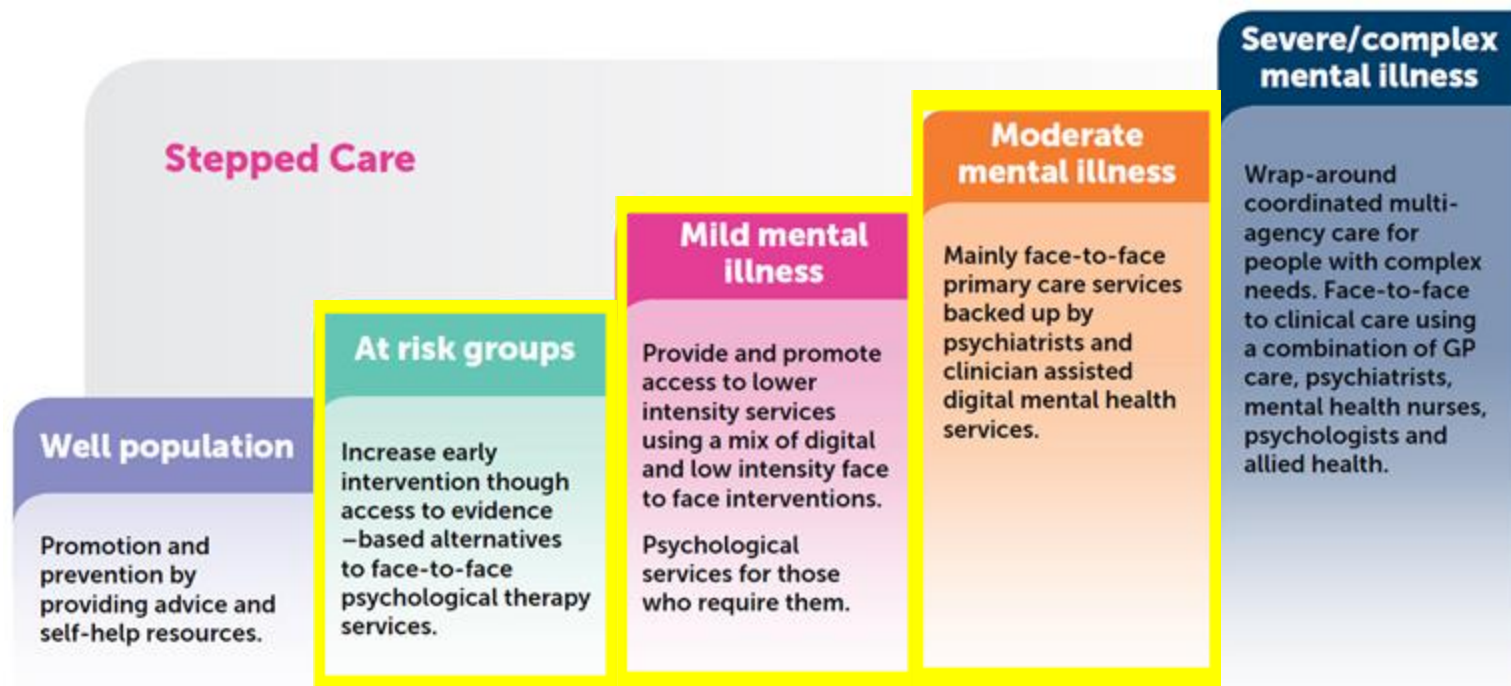
Stepped Care

Tailoring treatment dose/intensity to patient's level of need



Stepped Care

Tailoring treatment dose/intensity to patient's level of need



FAST stepped care (Primary Care model)

STEP 1: Screening



PCP identifies
elevated behavioral
health concern

STEP 2: Education



PCP provides
2-page FAST
Snapshot

STEP 3: Referral



When needed,
refer to FAST
provider or
community



Who should I use FAST with?



Seattle Children's

Screening for MH Concerns

- **Why?**

- Caregivers may not be aware behavior is outside of typical range
- Families may be unsure or anxious to share
- Mild elevations indicate future risk

- **How?**

- At well visits
- Before/after or weekly during treatment
- Share results and change with families



FAST Assessment Tools

Below are links to the free measures we recommend for initial screening, treatment planning and progress monitoring. These were selected based on their efficiency and utility for primary care settings. We recommend you assess all four domains using the “core” measures at your baseline assessment to inform FAST programming decisions.

Core measures

- **Trauma impact**
 - [Child Trauma Screen](#) (CTS) (follow link for self-report 7+ and caregiver-report 6+ in English and Spanish)
 - For younger children, the Child and Adolescent Trauma Screen (CATS) ([English](#)) ([Spanish](#))
- **Disruptive behavior**
 - PSC externalizing subscale ages 4–17 ([English](#)) ([Spanish](#))
- **Anxiety**
 - PROMIS youth-report (ages 8–17) ([English](#)) ([Spanish](#))
 - PROMIS caregiver-report (ages 5–17) ([English](#)) ([Spanish](#))
- **Depression** (ages 11+)
 - PHQ9 teen self-report ([English](#)) ([Spanish](#)) ([Other Languages](#))
 - SMFQ caregiver-report ([English](#))
 - Optional: SMFQ child/tween self-report ([English](#))

- **Early Childhood**

- Preschool Pediatric Symptoms Checklist: [PSC.Preschool.pdf](#) ([ahpnetwork.com](#))
- PROMIS Early Childhood Measures (engagement, self-regulation, physical activity, anger-irritability, anxiety/fear, sleep problems, positive affect/depression, social relationships) – [English & Spanish](#)

- **Adolescent Behavior** (caregiver report)

- Pediatric Symptoms Checklist -17 items ([English](#)) ([Spanish](#))
- Strengths and Difficulties Questionnaire ([English](#)) ([Spanish](#)) ([Other languages](#))

Additional measures

- Alcohol/substance use: [CAGE AID](#)
- [Attention deficit/hyperactivity problems: Vanderbilt](#)

Pediatric Symptom Checklist - 17

Pediatric Symptom Checklist-17 (PSC-17)

Instructions:

Please indicate how often your child has had the following experiences over the two weeks.

	Never	Sometimes	Often
1 Feel sad.	0	1	2
2 Feel hopeless.	0	1	2
3 Feel down on him/herself.	0	1	2
4 Worry a lot.	0	1	2
5 Seem to be having less fun.	0	1	2
6 Fidget, is unable to sit still.	0	1	2
7 Daydream too much.	0	1	2
8 Distract easily.	0	1	2
9 Have trouble concentrating.	0	1	2
10 Act as if driven by a motor.	0	1	2
11 Fight with other children.	0	1	2
12 Not listen to rules.	0	1	2
13 Not understand other people's feelings.	0	1	2
14 Tease others.	0	1	2
15 Blame others for his/her troubles.	0	1	2
16 Refuse to share.	0	1	2
17 Take things that do not belong to him/her.	0	1	2

Subscales:
Internalizing
Externalizing
Attention Problems

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST

Recommended 18 month, 0 days to 65 months, 31 days

Your Name:

Relationship to the child:

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

Please mark under the heading
that best fits you

		Not at all	Somewhat	Very much
Does your child...	Seem nervous or afraid?	0	1	2
	Seem sad or unhappy?	0	1	2
	Get upset if things are not done in a certain way?	0	1	2
	Have a hard time with change?	0	1	2
	Have trouble playing with other children?	0	1	2
	Break things on purpose?	0	1	2
	Fight with other children?	0	1	2
	Have a hard time calming down?	0	1	2
	Have trouble staying with one activity?	0	1	2
Is your child...	Aggressive?	0	1	2
	Fidgety or unable to sit still?	0	1	2
	Angry?	0	1	2
Is it hard to...	Take your child out in public?	0	1	2
	Comfort your child?	0	1	2
	Know what your child needs?	0	1	2
	Keep your child on a schedule or routine?	0	1	2
	Get your child to obey you?	0	1	2
	Total Sum (across Columns)			

Score > 9 is elevated



Seattle Childre

PCP Engagement Conversations

- **On positive screenings**

- Ask if families if results are expected/surprising
- Share concern for current or future impact
- Ask family permission to share info & tools for immediate use
- Discuss potential referral

- **On family concerns**

- “Strike while the iron’s hot” with info & tools
- Discuss pros/cons or working with MH clinician for action-oriented support



First Step Intervention - Snapshots

HANDOUT FOR CAREGIVERS ON CHILD & TEEN ANXIETY

To be used independently or together with the FAST-A Workbook for youth

QUICK SUMMARY

What is Anxiety?

Anxiety is a normal, helpful feeling that everyone has. It is our body's natural alarm system, going off when we feel in danger, or when we think something bad might happen. It causes changes in our body that give a boost of energy and can help us respond to danger.

When is Anxiety a Problem?

Anxiety is a problem when it stops us from doing things we need or want to do, or when we get too upset about normal situations. Then your anxiety is like a false alarm—not needed!

What leads to anxiety false alarms?

The main thing that leads to too much anxiety about normal situations is AVOIDANCE. Avoiding normal situations that scare us keeps us from learning that we can handle them.

How can kids and teens overcome high anxiety when it's getting in the way?

The way to lower anxiety false alarms about normal, safe situations is actually FACING FEARS. Some youth will need to learn new skills (like what to say or do) to be successful with their feared situations. (Facing fears is also called "exposures" or "brave practice").

Facing fears helps youth to learn that:

- 1) What they fear is actually not so likely,
- 2) What they fear is actually not so dangerous, or
- 3) What they fear is something they can handle.

Accommodation: How Parents and Caregiver Help Can Sometimes Backfire

"Accommodation" means helping kids avoid the normal, safe situations they are afraid of. Helping kids avoid their fears is understandable, because it's hard to see kids get anxious, and anxious kids often act up. Accommodation sometimes helps kids face their fears (for example, they will go to a birthday party if you stay there with them) but over time it keeps kids from learning their fears are unlikely to come true, or they can handle anxious feelings and hard situations.

Are You Falling into Any of These Common Traps?

- ☐ **Rescuing:** Saving a child from having to do the thing they feel anxious about. (Example: Ordering food for them at a restaurant.)
- ☐ **Avoiding:** Finding ways to steer clear of the things that are hard for the child. (Example: crossing the street when your child sees a dog.)
- ☐ **Too Much Reassurance:** Repeatedly telling your child that something will happen or not happen; never letting your child deal with uncertainty or cope with things on their own. (Example: Responding to your child again and again that you will pick them up on time.)
- ☐ **Over-Protecting:** When parents give kids too little independence, give kids too much help or support, or go overboard trying to prevent bad outcomes or distress for their child. (Example: Walking your child inside to class every day when peers are independent.)
- ☐ **Shaming:** Teasing or making fun of your child for feeling anxious. (Example: "Stop being a baby.")
- ☐ **Yelling:** Feeling so frustrated you yell at your child. This doesn't help in the long run.

CAREGIVERS HANDOUT ON CHALLENGING CHILD BEHAVIOR

To be used independently or together with the FAST-B Workbook for Caregivers

QUICK SUMMARY

When is child behavior a problem?

All children get distracted, argue, or don't follow instructions at times. If your child's misbehavior causes problems at home or at school, makes it hard to get along with others, or makes life hard for you as a parent, we want to share some strategies that can help.

First, what causes child behavior problems?

Normal differences in how kids grow, in their personalities, and in their mental health can all affect behavior problems. Stress, life experiences, and different parenting styles can make a difference too.

How can parents help change child behavior?

Children aren't often interested in changing their own behavior. But, parents can help shape child behavior by trying these skills:

1. Discussing clear expectations for behavior ahead of time
2. Giving extra attention and praise to good behaviors
3. Responding calmly and consistently with consequences for misbehaviors

This helps children learn that good behavior "works" better than bad behavior.

Behavior Patterns: How Kids & Caregivers Shape Each-others' Behavior

When kids are don't follow instructions or act out, parents may feel like they must give in to avoid a tantrum. But, if kids learn that misbehaviors sometimes get them what they want, they will do it much more. This is how behavior can get worse over time. When parents stop giving in to misbehavior, kids often push extra hard at first, but eventually come to accept the limit.



Are You Falling into Any of These Common Traps?

- ☐ **Criticizing:** Telling your child all the things you don't like about their behavior, but not paying as much attention when they're being good. (Example: "I've told you a million times and you still haven't put your shoes on".)
- ☐ **Threatening:** Telling your child there will be a consequence, but not following through (Example: Saying they're grounded for a month, then deciding to skip it)
- ☐ **Lecturing:** If you are repeating the same lectures and explanations constantly, your child is probably not learning from them.
- ☐ **Avoiding:** You stop spending positive time with child because it is too frustrating
- ☐ **Yelling:** Feeling so upset that you yell at your child. This does grab their attention, but it can lead to bigger, hotter arguments, and it can train kids to yell more at other people.
- ☐ **Withdrawing:** Feeling so helpless to change your child's behavior that you stop trying



Seattle Children's

FAST Workbooks



FAST-Anxiety

- **Ages 3-18**
- **Anxiety**
 - Avoiding or dreading normal situations
 - Excessive worry
 - Stress-related somatic complaints
- **Exposure Therapy (CBT)**
 - Understanding anxiety
 - Using “brave practice” to overcome fears
 - Building new skills, making plans or changing the environment when needed for realistic fears



FAST-Behavior

- **Ages 4-12**
- **Disruptive Behavior**
 - Trouble following instructions
 - Being oppositional, talking back
 - Parent/child relational problems
 - Challenges related to ADHD
 - Parenting problems
- **Parent Behavior Management**
 - Relationship building
 - Praise and ignoring
 - Rewards & Consequences
 - Sleep, screens emotion coaching



First Approach Skills Training Behavior (FAST-B)



Caregiver Workbook

By Erin Schoenfelder Gonzalez, Ph.D.

What is FAST-B?

Behavior Management Training (BMT) is the evidence-based approach for helping with childhood behavior problems, defiance and ADHD. Child counseling usually does not improve behavior problems. BMT teaches caregivers to set their child up for success and respond effectively to encourage positive behaviors and decrease difficult behaviors.

FAST-B is a shorter workbook version of BMT designed to be used flexibly in many different settings. **Skill 2: Special Time**

FAST-B was evaluated at the University of Washington. It was found that FAST-B was more effective than the Access Line program. FAST-B was evaluated at the University of Washington. It was found that FAST-B was more effective than the Access Line program. FAST-B was evaluated at the University of Washington. It was found that FAST-B was more effective than the Access Line program.

FAST-B has VIDEOS!



Each FAST-B skill has a 2-5 minute video with an overview from a psychologist, plus examples of families using the skills. Scan this QR code to watch!



FAST-Parenting Teens

- **Ages 12-18**
- **Challenges with teen emotions/beh**
 - Emotion escalations
 - Parent/teen conflict and arguing
 - Teens not meeting home expectations
 - Schoolwork problems
- **Behavioral Activation**
 - Improving communication
 - Big emotions and conflict
 - Expectations and limits for schoolwork and home tasks



First Approach Skills Training Parenting Teenagers (FAST-P)



Caregiver Workbook

By Erin Schoenfelder Gonzalez, Ph.D., Margaret Sibley, Ph.D.,
and Jessica Jenness, Ph.D.



Skill 3. Improving Communication 3.1. Communication Barriers

Communication sets the tone in your home. Clear communication makes other changes easier.



What makes talking with your teen hard ?	What makes it hard for you to communicate?
<input type="checkbox"/> They avoid talking with me <input type="checkbox"/> They always seem grumpy <input type="checkbox"/> They get angry right away <input type="checkbox"/> I can't trust what they say <input type="checkbox"/> They tune me out <input type="checkbox"/> They constantly interrupt <input type="checkbox"/> There is no good way to approach them <input type="checkbox"/> Other:	<input type="checkbox"/> I get angry or defensive <input type="checkbox"/> I'm tired of talking about the same old problems <input type="checkbox"/> I am just so frustrated with my teen in general <input type="checkbox"/> I feel not listened to <input type="checkbox"/> I have trouble holding back to let my teen talk
Our common argument triggers	
<input type="checkbox"/> Schoolwork or grades <input type="checkbox"/> Chores <input type="checkbox"/> Leaving a mess <input type="checkbox"/> Speaking disrespectfully <input type="checkbox"/> Too much screen time <input type="checkbox"/> Not telling me where they are <input type="checkbox"/> Disliking my teen's friends <input type="checkbox"/> Disagreeing with teen's clothes, interests or hobbies <input type="checkbox"/> Not spending time with family <input type="checkbox"/> Other:	

4.2 Motivating with **When-Then**

When teens struggle with motivation and willpower, they may need to link naturally-rewarding activities to "boring" activities adults want them to do

Try this: *When* your teen does something they "**need to do**," *then* they can do something they "**want to do**."

Example: video game time comes after homework is finished)

Or this: *While* your teen does something (simple) they **need to do**, they can do something they **want to do**.

Example: eat a favorite snack while cleaning your room.

"Want to Do" Enjoyable Activities	"Need to Do" Daily Responsibilities

Sample Enjoyable Activities

Watch shows
Video games
Listen to music

Stay up later
Special meal
Snack foods

Sample Responsibilities

Feed pet
Do dishes
Take out trash

FAST-Depression

- **Ages 12-18**
- **Depression**
 - Low or irritable mood
 - Lack of enjoyment
 - Withdrawal, isolation
- **Behavioral Activation**
 - Sleep/exercise
 - Getting unstuck from low moods
 - Problem solving
 - Steps toward goals
 - Caregiver support skills



FAST-Trauma

- **Ages 7-18**
- **Hx trauma + related MH Symptoms**
 - Posttraumatic stress
 - Depression, Anxiety
 - Avoidance
- **CBT for trauma**
 - Education about traumas & reactions
 - Flexible menu of evidence-based skills for youth and caregivers
 - Memory and thought processing



FAST-Early Childhood

- **Ages 1-4**
- **Developmental focus**
 - Parent/child connection
 - Tantrums
 - Challenging behavior
- **Parent coaching**
 - Tuning in
 - Emotion coaching
 - Limit setting
 - Sleep/bedtime problems
 - Developmental delays
 - Parent MH



Specialized Tools

- Sleep
- Screens
- Anxiety topics
- Coming soon: Neurodiversity

Bonus Skill 3

Bonus 3.1: Kids and Sleep

Getting enough sleep is essential for child brain development, mood, and attention/focus. **Getting less sleep or interrupted sleep can be related to:**

- Behavior problems
- ADHD symptoms and attention problems
- Crumpiness and lack of enjoyment
- More illnesses
- Learning and classroom problems
- Lower exercise, more weight gain over time

How much sleep should my child get?

According to the American Academy of Pediatrics:

- 1-2 years old: 11-14 hours (with naps)
- 3-5 years old: 10-13 hours (with naps)
- 6-12 years old: 9-12 hours
- 13-18 years old: 8-10 hours

What gets in the way of your child's sleep?

- ☐ Bedroom distractions: lights, screens, noise
- ☐ Schedule: evening activities, inconsistent routine
- ☐ Behavior: refusing bedtime, getting out of bed
- ☐ Child circadian rhythm: being a natural night owl or early bird
- ☐ Medical problems: snoring, restless legs, anemia (talk to child's doctor)



A recent study showed that the **main strategy that increases sleep for children is moving bedtime earlier.**

If a child is not getting enough sleep, improving sleep should be a priority. Other treatments (therapies, medications) will be less effective until sleep is better.

Bonus 1.2: Creating a Family Media Plan

Use this worksheet to create screen boundaries for your home. If this feels like too much change at once, pick just one limit on this form to start with this week. Create your family's personalized Family Media Plan at www.healthychildren.org

What are "screen-free" zones in your house?

- ☐ Dining table/kitchen counter
- ☐ Kids' bedrooms
- ☐ Car
- ☐ Kitchen

What are "screen-free" times of the day?

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Watch Video



chores are done
bedtime

each day? _____

hid screens on... Weekdays: _____ Weekends: _____

overnight? _____

low screen rules? _____

Idea: Add 10 extra min of screens the next day

child won't turn _____

Idea: Lose 15 min of screens the next day or that device is off limits the next day

and model their own screen limits?

pens if no one ☐ No phones during meals

after school ☐ App use tracking: keep certain _____



Seattle Children's

Seattle Children's Resources

- Refer: “BAM” Behavior & Attention Management Specialty Program
- First Visit
 - 60 min Consultation Visit “CV” (fastest)
 - PEARL Diagnostic Evaluation
 - PEARL Med/Psychiatric Eval
- Treatments - Parent Training (virtual)
 - Classes (\$25 x3): ADHD First Steps, Sleep Success
 - Superparenting (ages 3-5; 5-8; 9-11; 12-16)
 - Behavioral Crisis (DBCC - 4 sessions)
 - High acuity & intensive programs



BAM Stepped Care

Consult Visit helps us determine which program is best

FAST-B Behavior Basics

Online, self-study parent behavior management training (PBMT) resources

Super-Parenting

Parent behavior management training (PBMT) skills

- 1 hour/week
- Large-group caregiver skills training

Empowered Parenting

Caregiver self-regulation skills

- 1 hour/week
- Large-group caregiver skills training

Parenting with Purpose

PBMT and caregiver self-regulation skills group

- 2.5 hours/week
- Large-group and 1:1 skills training
- Case management

Disruptive Behavior Crisis Clinic

Referred from emergency department

Focuses on promoting caregiver self-regulation in crisis situations

- 1.5 hours/week
- 1:1 skills training
- Case management

Foundations

Referred from inpatient psychiatry unit

Focuses on promoting caregiver self-regulation skills and wellness

- 3 hours/week
- 1:1 skills training and peer support
- Case management

Intensive Caregiver Group

Referred from inpatient psychiatry unit

Focuses on promoting caregiver self-regulation skills and wellness

- 6.5 hours/week
- Small-group skills training + wellness support
- 1:1 skills training and peer support
- Case management



FAST Training Model

-
- Only stat
-
- Only
- limited
- On-goi

EVIDENCE-BASED PRACTICE IN CHILD AND ADOLESCENT MENTAL HEALTH
<https://doi.org/10.1080/2374925.2024.2392243>

 **Routledge**
Taylor & Francis Group

 Check for updates

Expanding Workforce Access to Evidence-Based Behavioral Health Treatments: The First Approach Skills Training Model

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ABSTRACT

Background: Youth and families struggle to access evidence-based interventions (EBIs). Integrated primary care promises to improve access and engagement in EBIs; however, behavioral health workforce shortages continue to exacerbate access issues. Complexity and cost of existing EBI training models contribute to this issue. The First Approach Skills Training (FAST) model addresses these challenges by distilling key components of EBIs (e.g. exposure) into simpler, more straightforward protocols.

Methods: Experts in youth EBIs provided brief, remote training, and post-training consultation calls based on the FAST workbooks. Clinicians participated in 2–3 hours of asynchronous training, followed by live web-based trainings focused on role play and applied discussion. Following training, clinicians were invited to attend consultation calls every other week. As part of an ongoing program evaluation, trained clinicians are invited to complete brief surveys after each stage of training and post-training implementation. Surveys assess use of the FAST programs, usability, acceptability, feasibility, and perceived clinical effectiveness.

Results: Across programs, clinicians were highly satisfied with the trainings and indicated high behavioral intention to use FAST. Consistent with these findings, during follow-up implementation surveys a majority of clinicians indicated that they regularly use FAST and that their patient outcomes improved with FAST.

Conclusion: The FAST training model represents an innovative and scalable approach to rapidly and efficiently increase the behavioral health workforce in integrated primary care.

Problem statement

Over the last decade, youth mental health problems have continued to rise, along with significantly impaired functioning in school, social and familial relationships (CDC, 2023). Youth have also experienced increased exposure to violence, heightened levels of poverty, and other social and environmental factors that contribute to mental health problems.

going without any form of care (Holland et al., 2021). The present study examined implementation outcomes related to the First Approach Skills Training (FAST) model, a suite of interventions and related training programs adapted for integrated pediatric primary care (IPC), that aims to address this escalation in youth mental health problems by increasing the availability of comprehensive, accessible, and effective mental health services.

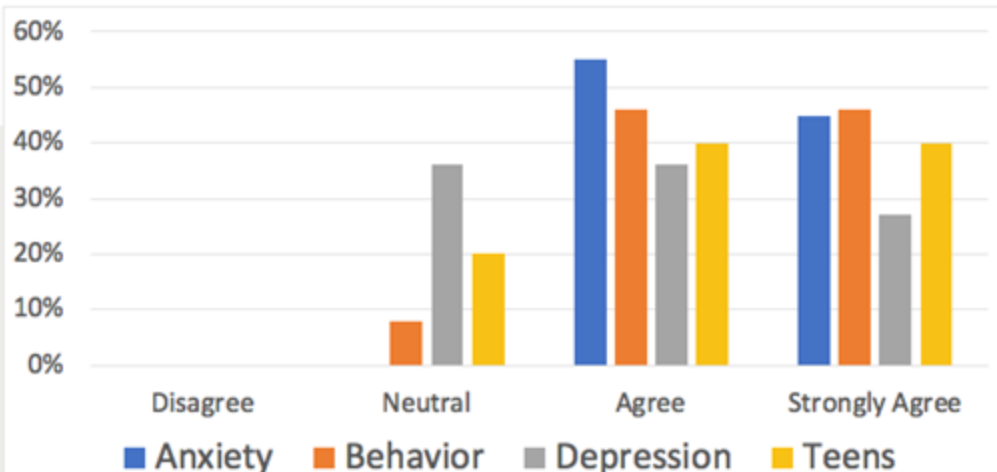
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"I have seen patient outcomes improve with X program"



AND ADOLESCENT MENTAL HEALTH
4.2330397

Routledge
Taylor & Francis Group

Check for updates

Evaluation of the First Approach Skills Training (FAST) Integrated Pediatric Primary Care Program: Implementation and Clinical Effectiveness

Jennifer B. Blossom^a, Nathaniel Jungbluth^b, China Bolden^{c,d}, Mary Ann Woodruff^e, Wendy Pringle^f, Kendra L. Read^{b,c}, Jessica L. Jenness^{b,c}, Brandon Martin^g, and Erin Schoenfelder Gonzalez^{b,c}

^aDepartment of Psychology, University of Maine, Orono, USA; ^bPsychiatry and Behavioral Medicine, Seattle Children's Hospital, Seattle, Washington, USA; ^cDivision of Child and Adolescent Psychiatry, University of Washington School of Medicine, Seattle, Washington, USA; ^dDepartment of Psychology, Seattle Pacific University, Seattle, Washington, USA; ^ePediatrics Northwest, Tacoma, Washington, USA; ^fPediatric Healthcare Integration, HopeSparks Family Services, Tacoma, Washington, USA; ^gDepartment of Psychology, Kent State University, Ohio, USA

ABSTRACT

The current study evaluated the clinical effectiveness and implementation of a brief integrated pediatric primary care program, First Approach Skills Training (FAST). We analyzed clinical retrospective data during the first year of implementation of FAST. Patients and parents completed symptom measures as part of standard clinical care. Integrated behavioral health providers completed measures regarding the FAST program's usability, feasibility, effectiveness, and cultural responsiveness. Patients and parents reported significant improvement in anxiety symptoms, depression symptoms, and disruptive behaviors. Clinicians rated FAST as highly usable, feasible,



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First Approach Skills Training-Early Childhood

FAST-E



Your background with early childhood

- How much experience do you have with early childhood?

0.....5

None...minimal...a few cases...somewhat confident...very confident



What are the social-emotional needs of young children?

- Consistency
- Safe base
- Affection
- Mirroring
- Modeling
- Back-and-forth

...Of their PARENTS?

- Validation
- Comfort
- Venting/outlet
- Brainstorming/guidance
- Connection (with adults)



What programs exist for families with young children?

Relational health/Attachment

- Circle of Security
- Promoting First Relationships
- Attachment and Behavioral Catch-Up
- Video-feedback intervention parenting program
- CPP

Intervention focused on specific concern

- Parent-Child Interaction Therapy
- Incredible Years-Toddler/Pre-K
- Triple- P

Primary Care

- Bright Futures Guidelines
- Reach out & Read

**Promoting First Relationships in Pediatrics*

Common elements: attachment, parental sensitivity and responsiveness, consistency and predictability, positive parenting tools



First Approach Skills Training **Early Childhood** (FAST-E)



FAST-E common elements

- **Builds Reflective Capacity**
- **Sensitivity & responsiveness**
- **Affect regulation**
- **Positive parenting**
- **Limit setting**
- **Psychoeducation**
- **Spanish**

Caregiver Workbook

By Cindy Ola Trevino, Ph.D., Courtney Zulauf-McCurdy, Ph.D.,
Lucia Ciciolla, Ph.D. & Erin Schoenfelder Gonzalez, Ph.D.



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Developed by professionals with expertise in early childhood mental health, education, parenting, perinatal and maternal mental health

FAST-E Road Map

Start Here →



BONUS!

What is FAST-E?

How to use FAST-E

Checkpoint 1: Boost Your Child's Development

Reflect on child and parent skills; Self Care

Checkpoint 2: Boost Your Child's Communication

'Serve and Return'

Checkpoint 3: Boost Your Relationship

Special Playtime

Checkpoint 4: Boost Emotional Development

Teaching About Feelings; Soothing; Modeling Coping

Checkpoint 5: Detour: Tantrums!

Rising Tantrum; Calm in the Storm; Reconnecting; Tantrum Plan

Checkpoint 6. Boost Your Child's Independence

Planned choices; Transitions and Routines

Checkpoint 7. Boost Following Directions

Tips for setting limits; Parent as coaches

1

2

3

6

8

12

16

22

23

27

BONUS CHECKPOINTS

Checkpoint 8. Is My Child's Development Delayed?

Checkpoint 9. Boost Success in Early Childhood Education

Checkpoint 10. Boost Sleep

Checkpoint 11. Boost Separation Success

Checkpoint 12. Boost Child Mealtimes

Checkpoint 13. Boost My Child's Toilet Training

Checkpoint 14. Boost Your Coping



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Quotes from families

- “Special Time has really changed the way I relate to my son”
- “It is so easy to notice all the bad things happening, but hard to look for the good”
- “The tools are really working”
- “I feel confident I can go in the community with my son now, where in the past I was too scared”
- “Seeing that there are things I’m already doing right helps me feel confident as a parent”



Quote from a provider

“What I have really enjoyed about FAST-E is the perspective taking that is taught to parents and how their focus shifts from recognizing all of the challenging behavior 3-year-olds display to highlighting the positive interactions and achievements.”



Who will you use FAST-E with?

- Ages 1-4 (+ or -)
- Top Concerns
 - Difficulty with parent-child connection
 - Tantrums/Behavior
 - Difficulty regulating emotions
 - Sleep problems
 - Transitions/Routines
 - Caregiver burnout



With which clients would you be hesitant to use FAST-E?

- Autism Spectrum Concerns?
- Limited language/communication?
- Co-parenting/family relationship concerns?
- Childhood anxiety?
- Abuse/CPS?



Case Example

Maria & Emma

- Maria is a 24-year-old mother to 3-year old Emma
- Emma has substantial developmental delays and no verbal communication
- Tantrums occur daily
- Maria is avoiding outings and socializing. She has no other friends who are currently mothers
- Maria receives dozens of phone notifications during your visit, cannot resist checking phone



Case Example

Tamara & Miles

- Miles is one of 18 month old twins born to a 30-year-old mother, Tamara
- He has been kicked out of 3 childcare centers due to behavior
- When asked to transition, Miles screams, bites and destroys property
- Miles will soon start at a new daycare, but Tamara is very nervous to drop him off
- Tamara brought Miles to his pediatrician because she fears something is seriously wrong with him





What skills do you bring to parenting?

The skills you bring as a parent are also important in boosting your child's development. In the boxes below, list parenting skills or attributes you have and those you are still developing.

Examples of Helpful Parenting Skills: *Setting limits, Patience, Play and fun, Staying calm during tantrums, Talking and communicating, Finding social support, Consistent daily schedule*

I have these strong skills:	I want to work on these skills:
1.	1.
2.	2.
3.	3.

Use this workbook as a roadmap to help boost your child's development. Below, check off skills you want to boost:

FAST-E Core Skills:

- ☐ Your own self-care
- ☐ Child communication
- ☐ Relationships
- ☐ Emotional development
- ☐ Managing Tantrums
- ☐ Child independence
- ☐ Following directions

FAST-E Bonus Skills:

- ☐ Daycare/Preschool
- ☐ Sleep
- ☐ Separation
- ☐ Mealtimes
- ☐ Toileting
- ☐ Parent mental health strain

Checkpoint 2: Boost Your Child's Communication

2.1 Serve and Return

Goal

Respond to your child's cues in a positive and engaging way to help build strong connections in their developing brain.

Why do this?

It promotes connection, mimics turn-taking, fosters focused attention, and builds language and communication skills.

These growing skills help your child learn to communicate when they are angry or overwhelmed. Your positive connection your child is the foundation for setting limits and handling challenging behaviors.

How to do it

Do 'serve and return.'

- Your child 'serves' when they say, look at, or do something.
- We return their serve by naming or copying what they are looking at, doing, or experiencing, or by providing support and encouragement.
- Only "return" behaviors that are neutral, calm or positive, not aggression or destruction.

Try these 3 steps:

- 1** Notice what your child is doing or saying.
Example: Your child is picking up an apple.
- 2** Copy sounds, words, expressions, actions
Example: "Apple. You have a red apple."
- 3** What does your child do next? Copy that!
Example: "Now you are biting the apple."





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Example: "Now you are biting the apple."



Checkpoint 4: Boost Emotional Development

4.1 Responding to Feelings

Goal

Model emotion words to help your child learn to share their feelings

Why do this?

- Young children often can't say what they need or want – they may cry, shout, cling, or throw things instead.
- Early development includes learning to notice and cope with emotions
- Caregivers help children learn to notice feelings, self-soothe and stop behaviors.
- Emotion skills learned in early childhood helps with success in school and later in life.

3 ways to support your child's emotional development:

- 1 Teach about emotions**
Notice and name feelings

- 2 Soothe emotions**
Show comfort while giving less attention to misbehaviors

- 3 Model coping skills**
Talk them through how you handle your feelings



Reflect: What do you want your child to learn about feelings? How do children learn about feelings?

4.2 Teach about Emotions

1 Coping **STARTS** with noticing and naming emotions

Which emotion words do you want your child to learn? List them below.

Happy Proud Calm _____		Embarrassed Disappointed Sad _____		Frustrated Angry Hurt _____	
---------------------------------	--	---	--	--------------------------------------	--

Tool 1: Label Parent Feelings

Label your emotions with simple words

Example: "I'm feeling angry because the dog chewed up my shoe"

Give it a try:

"I am feeling _____
because _____."

Tool 2: Label Child's Feelings

Guess your child's feeling

Children feel understood when parents accept and name their feelings. All feelings are okay; all behaviors are not.

Example: "It looks like you're happy dad is home, I see your big smile!"

Give it a try:

"It looks like you feel _____"

Tip: If you're unsure what your child is feeling, guess instead of asking. Let them correct you!

Tool 3: Label feelings in other people

- **Discuss Picture Books.** Example: "Little bear's mouth is open and his eyes are wide! He looks surprised. Why is he surprised?"
- **Watch Other Children.** Example: "Sam is crying. How do you think he's feeling? Why might he feel that way?"

Tantrums

Why do Tantrums Happen?

Communication

Control

Avoidance

Connection/Comfort

What do children need during a tantrum?

No one else to have a tantrum!

Modeling

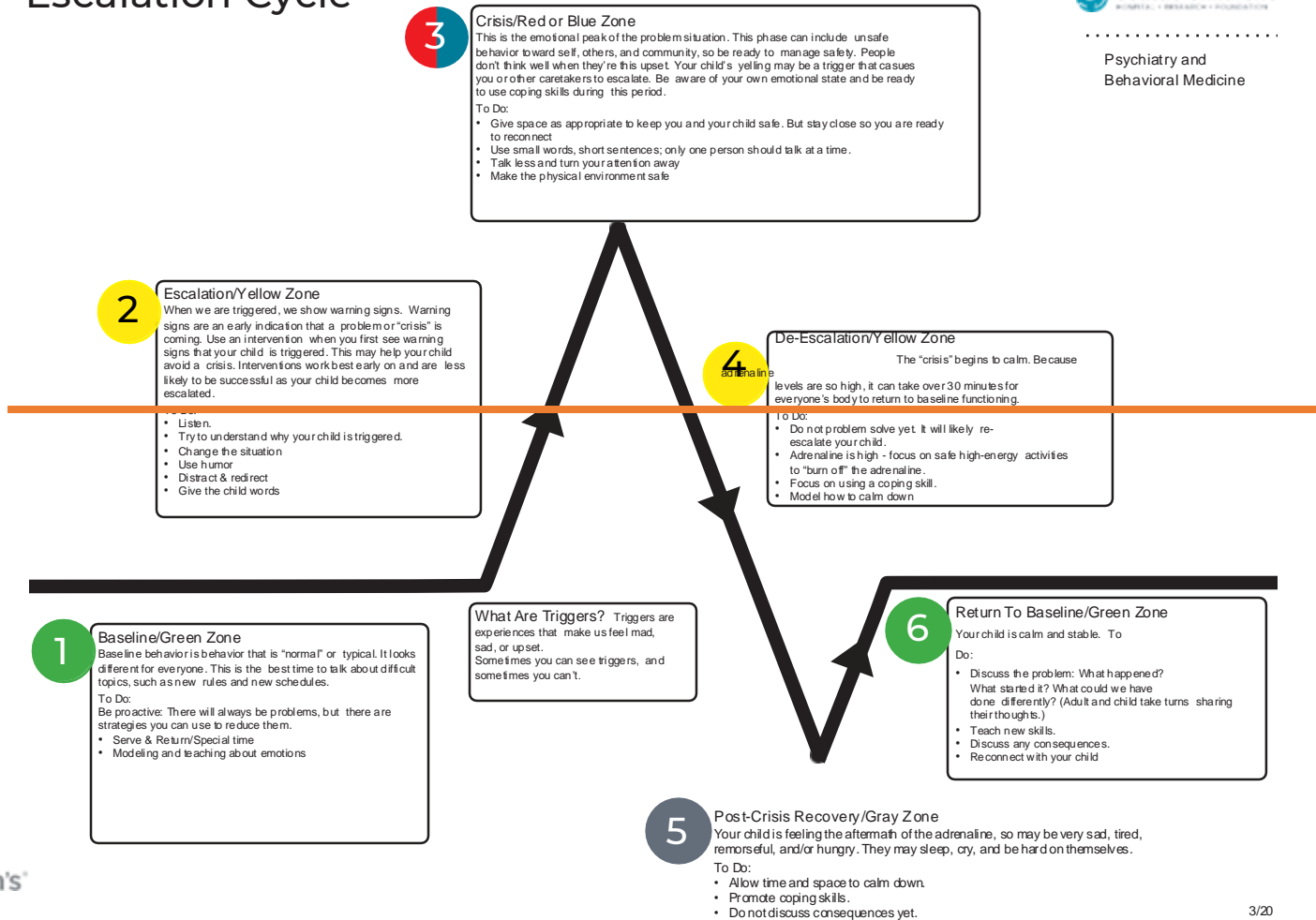
Acceptance

Consistency

Fewer demands and stimulation



Escalation Cycle



5.1 The Rising Tantrum

Check off your child's tantrum triggers, warning signs and places below.

Predicting tantrums:

Common triggers:	Warning signs:	Common places:
<input type="checkbox"/> Unmet basic needs: hungry, tired, thirsty, sick <input type="checkbox"/> Cannot express their needs <input type="checkbox"/> Trying to be independent <input type="checkbox"/> Wanting to be in control <input type="checkbox"/> Too many limits <input type="checkbox"/> Overwhelmed by too many things happening <input type="checkbox"/> Unexpected changes <input type="checkbox"/> Wanting your attention <input type="checkbox"/> Boredom <input type="checkbox"/> Other: _____	<input type="checkbox"/> Clinginess <input type="checkbox"/> Whining <input type="checkbox"/> Tearfulness <input type="checkbox"/> Over tired and wired <input type="checkbox"/> Moodiness <input type="checkbox"/> Negativity (saying no, not cooperating) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bedtime <input type="checkbox"/> Trip to store <input type="checkbox"/> Separations <input type="checkbox"/> Clean up time <input type="checkbox"/> Mealtime <input type="checkbox"/> Changing from one place or activity to another <input type="checkbox"/> Getting in car seat <input type="checkbox"/> Other: _____

Ways to try to avoid a full-blown tantrum:

Pick 2+ strategies below to try when avoiding a rising tantrum:

Change the situation	<ul style="list-style-type: none"> Get outside (out of house/car) Changing surroundings can distract your child
Use humor	<ul style="list-style-type: none"> Say or do something goofy and unexpected Give kisses on cheek/belly
Distract & Redirect	<ul style="list-style-type: none"> Point them to a different game, toy, snack Whisper to get child's attention Offer a sensory activity – playing with water or ice cubes, squeezing a soft toy
Give child words	<ul style="list-style-type: none"> Reflect child's feelings: "You are mad" Reflect child's wants: "You want to stay longer" Give ideas of what to do: "Let's ask for help with this toy: 'help me mama/dada.'"

5.5 Tantrums Tips and Tricks

What if....

My child gets more upset when I try to calm them down

- This can be very frustrating and cause parents to panic!
- It's important to notice your own feelings and take a moment to breathe so you stay calm and can respond.
- Reduce your interactions. Consider remaining calm and quiet until their feelings have run their course.
- Label your child's emotions (see Checkpoint 4.2) to help your child feel understood; this can give a sense of relief. Ex: "You're angry that mommy did not give you that toy."
- Try distraction or redirection. Help them move on by inviting them to play, look at something or help you.

My child is aggressive toward me when I try to calm them down

- Clearly state what your child can and cannot do, "I know you're frustrated that bath is over, and hitting is not ok."
- Give your child a choice to do something that is safe and ok. "You can climb out of the bath or I'll lift you."
- Try not to take tantrums personally. Tantrums are frustrating for parents, but scary for kids. They need time and practice to learn to manage big feelings.

I get angry at my child

- Of course! This is natural when things feel out of control.
- Remember to practice daily self-care. You are the most important model of good coping for your child.
- Step away and take a breath! We are more effective parents when we can take a break to calm down.

My child hits or hurts themselves

- It's alarming, but head banging, hitting or scratching oneself in early childhood is surprisingly common. It is rare for young kids to actually injure themselves.
- It can be your child's way to communicate how upset they are, seek comfort or reduce the demands on them. It works because it scares parents.
- Help your child learn better ways to communicate and connect by acknowledging the feeling but not giving big reactions to the self-injury. Offer other ways to connect (e.g., talking, taking a break together) and respond as soon as your child chooses a safer behavior.

6.3 Planned Choices and Routines Practice

Create a routine with pictures and planned choices to help with tough times of day!

Example Routine

Step 1. Get Dressed		Planned choices "Do you want to put your shirt on first or your pants?"
Step 2. Breakfast		"Do you want banana or strawberries with breakfast?"
Step 3. Brush teeth		"You can use the berry toothpaste or the mint toothpaste"
Step 4. Books		"Which book do you want to read first? (Hold up 2 books)"

Cut out images below or draw/take your own pictures for your child's routine!



Se

Checkpoint 7. Boost following directions & limits


Goal

Help your child learn limits and follow directions.

Why do this?

- Setting limits about what your child is allowed to do provides a safe environment for them to learn and grow.
- Children learn best when we model the behavior we want to see, then encourage, coach, and practice it with them until they master it. We want to communicate, "I know you can do it. I am on your side. I notice what you do."

Giving Instructions

Step	Example
1 Set the limit clearly and simply. Say what you want them <u>to</u> do. <i>Tip: Avoid saying "you can't" or "don't"</i> Check out FAST-B's guide for choosing the right words for instructions here : 	"It is not safe to be on the table. You need your feet on the floor." "You are doing it! Your feet are where they should be. You are safe."
2 Offer a choice. Give them 10 seconds to make a choice on their own. <i>Tip: Keep the same expectation every time to help your child learn the limit.</i>	"You can put your feet on the floor, or I can help you down. What is your choice?"
3 Acknowledge they made a choice, even if they chose to break the limit. <i>Tip: Allow feelings, but limit the behavior!</i>	"It looks like you want to stay on the table, but that is not safe. I am going to help you down. Next time you can choose to do it yourself."

Checkpoint 10. Boost Your Child's Sleep

Children and caregivers cannot thrive without good sleep! If your child gets too little sleep or seems grumpy or tired, improving sleep may be the FIRST way to help them.

The American Academy of Pediatrics

recommends that children sleep (including naps):

- Age 1-2: **11-14 hours**
- Age 3-5: **10-13 hours**
- Age 6+: **9-12 hours**

Did you know?

A recent study showed that the most helpful thing parents can do to increase child sleep is **move bedtime earlier.**

Choosing bedtime:

Young children have a "window" of time in the evening when they will fall asleep more easily. If you wait too long, or until they seem tired or emotional, they may be too wound up to settle down. Ideal bedtimes for young children are typically no later than 8 or 8:30, even if they are able to stay awake longer.

My child's bedtime: _____ Bedtime routine starts at: _____

Consistency is key for helping children sleep. Follow a bedtime routine daily.

Our Bedtime Routine

Write in the order of steps and rituals for bedtime

Bedtime Steps	Bedtime "Rituals" (pick 2-4)
<input type="checkbox"/> Bath <input type="checkbox"/> Put on pajamas <input type="checkbox"/> Brush teeth <input type="checkbox"/> Sit on the potty <input type="checkbox"/> Get in bed <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Read a story <input type="checkbox"/> Cuddle for _____ minutes <input type="checkbox"/> Sing a song <input type="checkbox"/> Say a prayer <input type="checkbox"/> Say a special goodnight <input type="checkbox"/> Say goodnight to stuffed animals <input type="checkbox"/> _____

Tip - Teaching to self-talk can help sleep problems



For example, teach your child to say "time to sleep", "it's my bed", or "close my eyes, lay down" as they enter the room or settle into bed.

Helping Children with Separations

1 Prepare ahead of time:

- Tell or show your child what will happen
- Label their feelings about this change/transition
- Talk about what they can do if they miss you
- Use a comfort item during the transition
 - Blanket or stuffed toy
 - Picture of family
 - Item belonging to caregiver
- Go on with the day as normally as possible.
 - Example: change the subject or distract by counting school buses on the way to school

2 Make good-byes predictable:

- Always say good-bye and once you leave, *leave*
 - Tell your child when you are going and when you will be back
 - Repeated trips back to comfort your child creates confusion
 - Lingering sends the message you're unsure about separating
 - Avoid sneaking away, or they will cling more next time
- Make a brief good-bye routine
 - Use a secret handshake
 - Give your child a forehead kiss or rub noses with them
- Acknowledge how your child feels, *and* show confidence in them
 - "I'm guessing you feel sad about mom leaving. I love you and I know you can do this. I'm looking forward to picking you up after nap!"

3 Notice and soothe your own anxiety

- Anxiety is contagious! Your child senses if you are worried or unsure
- Distraction helps adults and children. Plan a positive activity after the separation to help you feel calm.
- Reach out to your own support (partner, family, friend, school staff) to help you stay confident and leave when it's time

Anticipatory Guidance - Well Child Visits

- Planting seeds
- De-stigmatizes the conversation
- For FAST-E:
 - Nurturing developmental competencies with serve & return
 - Creating consistent routines
 - Emotion coaching & skills
 - Sleep & potty training
 - Childcare transitions



Early Childhood 3-Year Checkup

These are areas we cover during this checkup:

- Family Well-Being
- Keeping Child Safe
- Healthy Feeding
- Regular Care/Routines
- Healthy Development

What are your main concerns today?



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What do I do with 7 min?

- What are family's top behavioral or MH concerns?
- Share science on power of parent training
- Role of parents in shaping developing skills
- FAST-E Snapshot
- Skill options:
 - Special Time
 - Tantrum overview





Common Barriers

"They will grow out of it"



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Common Barriers

"Is there something more going on with my child" or "Should we be doing more?"





Common Barriers

“I was raised with discipline. My child needs to learn to behave.”



Fast-E Pitch

Role Play:

- What's your “pitch?”

Person 1: Parent hoping for child therapy

Person 2: Clinician engaging parent in FAST-E

Person 3: “Fairy Godparent” helping the clinician



Serve & Return Video



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<https://www.youtube.com/watch?v=KNrnZag17Ek>

Serve & Return Role Play

- Teaching a parent about Serve & Return (see FAST-E handouts)
- Practice how to engage a parent in Serve & Return
- **BONUS:** Practice noticing Serve & Return in the moment, if the parent & child are in the room together!

- Break-out:

Person 1: Parent Maria or Tamara

Person 2: Clinician teaching serve and return

Person 3: Fairy godparent helping the clinician



Implementation Issues

What barriers do you anticipate
for families engaging in FAST-E?





Common Barriers

"My child doesn't respond like 'normal' children. I think I need something else."





Remaining questions?

More free videos: www.eringonzalezphd.com

Contact: FAST@seattlechildrens.org

Erin.Gonzalez@seattlechildrens.org



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Diagnosis and Billing

Most common diagnosis (DC: 0-5 crosswalk):

- Adjustment disorders of early childhood
- Unspecified Disruptive Behavior (OP)
- Unspecified Anxiety (OP)

Bill MH or CoCM codes



How do I start using FAST?



- Download materials at www.seattlechildrens.org/FAST
 - Watch free video-based trainings (2 hours each program)
 - Register for live 2-hour trainings
 - Join our bi-weekly consultation calls
- Sign up for Newsletter updates & trainings
- Reach out to us with needs or questions at FAST@seattlechildrens.org



Next steps for FAST

- Preparing release of FAST-D videos; FAST-P in progress
- FAST-Safety, FAST-Disordered Eating
- FAST is part of several federal & pilot grants
- Training and FAST implementation data collection
- Cultural adaptation of materials
- Creating paraprofessional trainings and materials





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Hope. Care. Cure.

Please complete
evaluation survey!



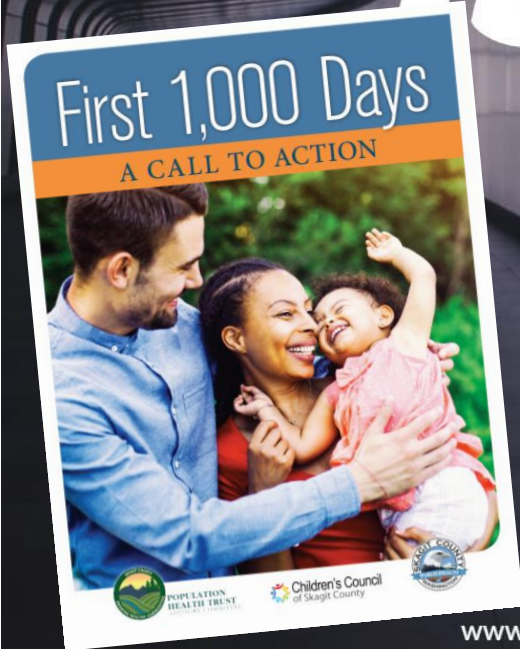


www.helpmegrowskagit.org

www.seaswhatcom.org

Vision:

All children in Skagit County are healthy and have positive, responsive relationships and environments



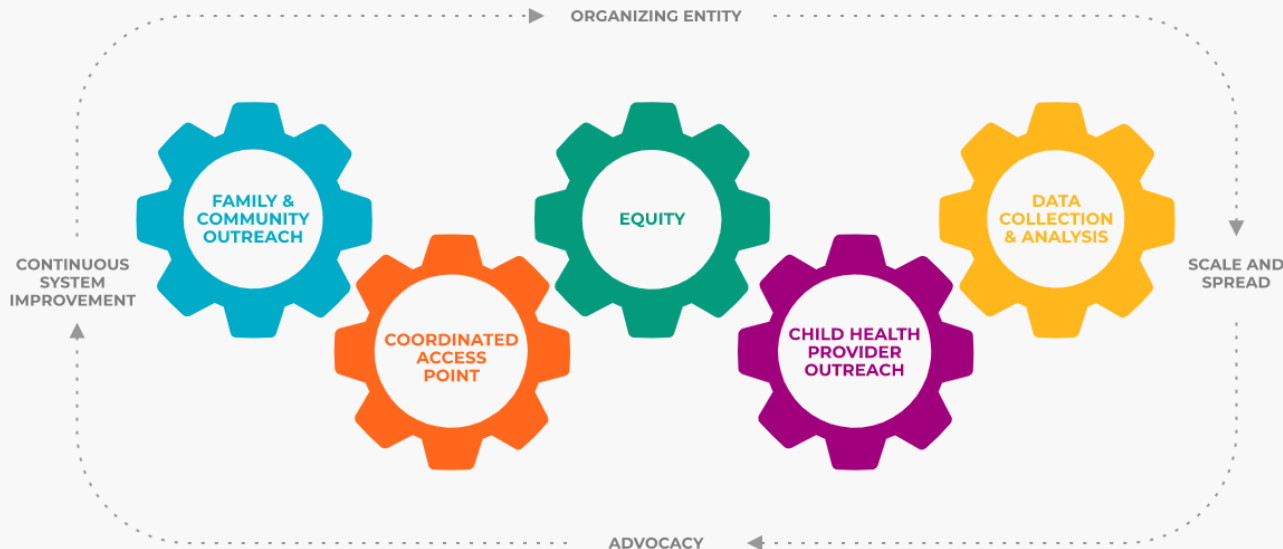
TRACKING DOWN
INFORMATION
FELT LIKE AN
UNDERGROUND NETWORK.

www.skagitcounty.net/Departments/PHTAC/maternal.htm



Help Me Grow System Core Components

To actualize the full potential of Help Me Grow, four cooperative and interdependent core components work together. Help Me Grow Washington has expanded the national model to include **equity** and **advocacy**. As we build upon the existing child well-being and family support infrastructure in Washington, all partners are expected to share a commitment to centering equity and racial justice in the design and implementation of the Help Me Grow system framework.



Who is Help Me Grow/SEAS for?

FREE service focused on resource connection **for all families with young children.**

No income or eligibility requirements for resource navigation support.

While this service is primarily designed to support families with young children, **anyone can connect** with Help Me Grow regardless of household make-up and demographics.

Today we are connecting you to Help Me Grow Skagit


You will receive a call from our Family Resource Navigator. These are the resources we will let her know you're interested in:

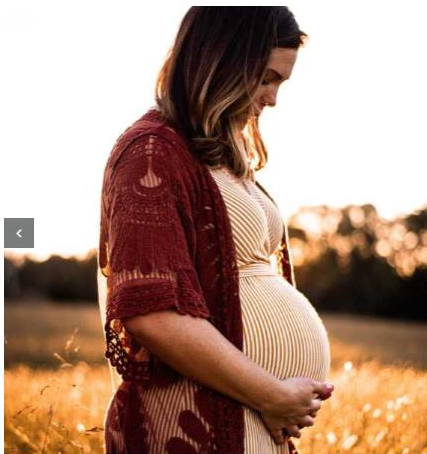
- | | |
|--|---|
| <input type="checkbox"/> Childcare, Preschool, or Early Learning | <input type="checkbox"/> Housing & Utilities |
| <input type="checkbox"/> Child Development Services | <input type="checkbox"/> Items for Pregnancy, Baby, or Family |
| <input type="checkbox"/> Disability Supports for Children | <input type="checkbox"/> Mental & Behavioral Health |
| <input type="checkbox"/> Employment & Financial Assistance | <input type="checkbox"/> Parenting/Caregiving Supports |
| <input type="checkbox"/> Food | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Healthcare or Health Insurance | <input type="checkbox"/> Other |

Help Me Grow Skagit 360-630-8352



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 [ENGLISH](#)



Helping the children you love grow up healthy
from pregnancy through early childhood

Raising a family is hard.

**Our family resource navigators
are here for you.**

The Single Entry Access to Services (SEAS) Program supports families and professionals in Whatcom County to find the resources they need.

If you have a child up to 21 years old, or are working with a family who does, our Family Resource Navigators can help you navigate programs and services.

[Contact a Navigator](#)



Select Language | ▼

Free resources to help providers promote positive parenting behaviors and strong parent-child relationships within everyday healthcare moments.



Keystones of Development Curriculum

An animated curriculum that demonstrates how providers can promote development during routine well-child visits. Includes breakout modules on discipline, sleep and toilet training.



Sparks Parent Video Series

8 minute videos for parents in English and Spanish that cover routine anticipatory guidance. Share with families or use as a resource in your continuing education.



Vroom in Healthcare

Interdisciplinary training on the important role of all healthcare workers in supporting child development plus printable messages that help spark meaningful interactions.

<https://parenting.mountsinai.org/providers/>



Provider Tip of the Week!

Surviving Toddler Tantrums



Though it isn't any fun (for kids or parents), tantrums will improve as toddlers learn more ways to communicate and to manage BIG emotions. Remind caregivers that tantrums are normal and expected at this young age; toddlers still need a caregiver's help to calm down, and aren't trying to misbehave.

A few tips to share with families:

1. Stay calm so their child can be calm.
2. Provide comfort to their child (that doesn't mean they have to give in to a toddler's demands).
3. Show their toddler that they can tolerate their distress by naming their hard feelings but not fixing the situation.
4. Use redirection to help move their toddler's attention to something else.



Newborn Discharge Class

A newborn education and discharge class that addresses routine infant care, common parent questions, and ways to promote brain development and parent-child connection.



Parent Handouts

Evidence-based support on the topics parents care about most. Easily shareable or printable for your practice.



SAVE THE DATE!

FREE One-Day Workshop on the RUBI Parent Training Program

Date: March 28, 2025 **Time:** 8:30am-4:30pm

Location: Option for In-Person or Virtual Attendance
In-Person will be at the NW Educational Services District in Anacortes, WA

Training will be facilitated by one of the developers of the RUBI Program:

Dr. Karen Bearss

Affiliate Associate Professor
Department of Psychiatry and Behavioral Sciences
University of Washington

Come learn the basics of the RUBI Parent Training program, an evidence-based treatment designed to reduce challenging behaviors and improve daily living skills in youth with neurodevelopmental differences, including autism.

This training is designed for any professional working with neurodiverse youth with challenging behaviors and their families.

Registration for the training is free.

An optional \$75 fee is available to receive CEUs for BACBs, SLPs, OTs, Psychologists, and LMFT/LMHC/LCSW, or a \$30 fee for child care providers to receive STARS credit.

Questions? Contact jennis@co.skagit.wa.us

The Research Units in Behavioral Intervention (RUBI) Autism Network is a team of experts in the field of autism spectrum disorder located at five university based medical centers. For over a decade, this network has been dedicated to the development, empirical study, dissemination and implementation of evidence-based behavioral interventions and measurement tools designed to improve care for families and children with autism spectrum disorder (ASD).

<https://www.rubinetwork.org/>

Because kids don't come with instructions

We know parenting can be
overwhelming. We're here to
help, one text message at a time.

What to expect from our weekly text messages?

- Easy, practical tips and info for parents & caregivers.
- Messages timed exactly to your child's due date or date of birth.
- Info about free services and events based on your zip code.

Text **SKAGIT** to **274 448**
for **FREE** parenting tips

Msg & data rates may apply.



to try it

text



to 274448

brightbytext.org

Additional Bright By Text Opt-in content

Baby's first year is...

**Exciting.
Exhausting.
Emotional.**

Want tips for taking care of you and bonding with your baby?

Text **BOND** to 274 448

In partnership with

PSI ZERO TO THREE Alliance for the Advancement of Infant Mental Health Michigan Department of Health and Human Services InsureKidsNow.gov

*Are you concerned
about your child's
hearing?*

Bright by Text

Text **HEAR** to 274 448.

Info, tips and resources to empower & support you and connect you to help in your area.

ASHA American Speech-Language-Hearing Association

Concerned that your
child may have a
speech or language
delay?

We can help!

Text **TALK** to 274-448
for free tips & info

Bright by Text

ASHA
American
Speech-Language-Hearing
Association

Help Me Grow Developmental Newsletters

1 Mes



Si tiene preguntas sobre el desarrollo de su hijo, comuníquese con su médico o llame o envíe un mensaje de texto a Ayúdame a Crecer Skagit al 360-630-8352.



helpmegrowskagit.com/1-mes/

2 Months



If you have questions about your child's development, contact your child's doctor or call/text Help Me Grow Skagit at 360-630-8352.



Play & Grow groups are designed for parents/caregivers and their babies. This one-hour drop-in group will include songs, playtime with baby and discussions on development, feeding, sleep, and other related topics. Come connect with others and share the joys and challenges of parenting.

It's free to attend and no registration required! Just show up with your baby.

Facilitated by Help Me Grow Nurses

Heartwood House, United General District 304, 2186 Highway 20, Sedro-Woolley

helpmegrowskagit.com/2-month

Connect with Us!

Dr. Francie Chalmers

HMG Physician Champion

ftcgrs77@gmail.com

- Help Me Grow implementation support
- Help Me Grow Referral Form overview

Lyndie Simmonds

HMG/Early Learning Coordinator

Lyndie.Simmonds@unitedgeneral.org

- Help Me Grow flyers, social media
- Sign up for the newsletter