CARE FOR KIDS

Early & Periodic Screening, Diagnosis & Treatment

Bullying in the Age of Social Media

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As shown by the suicide of Rebecca Sedwick in September 2013, bullying, including cyberbullying can have devastating consequences. While statistics vary, reports indicate that anywhere from 18% to 50% of teens have experienced some type of cyberbullying. Surveys also indicate that more than 80% of teens use cell phones regularly and 85% of parents with youths ages 13-17 stated that their child had a social networking account. As can be seen, large numbers of teenagers, and likely younger children, are regularly using social networks, and this will likely continue in the future. Therefore, it is probable that health care professionals will have a patient at some point who is affected by cyberbullying.

Cyberbullying is defined as the deliberate use of digital media and electronic venues to bully or harass another person. This bullying can be communicating false or embarrassing information, name-calling, spreading rumors, making threatening comments, or posting and spreading unflattering, embarrassing, or sexually suggestive pictures. In this age of technology there are numerous outlets that can be used in cyberbullying including web sites that allow social interaction, social networking sites, online games, blogs, YouTube, instant messaging, and texting just to name a few. In addition, more

sites and opportunities for social interaction via electronic venues are continually being developed.

Cyberbullying can lead to various consequences for victims, including depression, anxiety, severe isolation, psychosomatic complaints, increased school absences, declining grades, relational problems, and suicide. Cyberbullying is similar to conventional bullying, but there are unique aspects of using electronic venues for bullying. For example, cyberbullying can be done anonymously and the

perpetrator of the bullying does not directly see or perceive the consequences of their actions. They do not immediately see the reaction of the victim so they may not realize, or deny, the harm it can cause to the victim. In addition, information and rumors spread very quickly through social media making them visible to many more people and difficult to erase or stop. Finally, there is little escape or safe haven from cyberbullying because it can follow a victim wherever they are, as long as they have their phone or access to social media.

yourlifeiowa.org
cyberbullying.us/resources/
stopbullying.gov/cyberbullying/
wiredsafety.org/
stopcyberbullying.org/

Health care providers are in the perfect place to assist families in beginning to talk about the use of social media and developing plans for Internet use, as well as provide education and resources on cyberbullying. There are many things parents and families can do to help prevent cyberbullying including:

1   **Talk about social media, its appropriate use, and cyberbullying.** Teach children how to be safe and how to block people who are bullying them. Let them know what cyberbullying is and whom they can talk to if they are ever bullied or know of someone who is being bullied.

2   **Be aware of what their children are doing online.** This includes knowing what sites their children are visiting, making sure to "follow" or "friend" their child on each site, knowing their passwords in case of emergencies, learning what their children do online and in texts, and trying out the devices and sites they use. Some parents feel that it is invading their child's privacy to know passwords and review texts, but if used in the correct way and with open discussion it may just protect them from harm.

3   **Establish rules about technology use.** For example, make it clear about which web sites are appropriate to visit, when they are allowed to be online or use their phone, where they can be online (such as having the computer in the living room), not sharing passwords with friends, and whom it is appropriate to "friend" or "follow."

# Pediatric Integrated Health Home Program

Identifying and coordinating services and supports for a child with mental and behavioral health challenges can be difficult and time-consuming for even the most experienced providers. The new Pediatric Integrated Health Home (PIHH) program assists children covered by Medicaid who have Serious Emotional Disturbances (SED) by providing care coordination, community linkages, and family support services.

The Pediatric Integrated Health Home

The PIHH is a locally based team of professionals working together to provide whole-person, patient-centered, coordinated care for children with SED. The team consists of a registered nurse, a social worker, and a family support peer specialist. The PIHH is administered by the Medicaid Behavioral Health Care Managed Care Organization, Magellan Behavioral Care of Iowa. Services are provided by community-based agencies.

An Integrated Health Home is responsible for:

■ providing whole-person care coordination across medical, behavioral, and social services and supports;

Tentative Plan for IHH Implementation

Phase 1
Phase 2
Phase 3
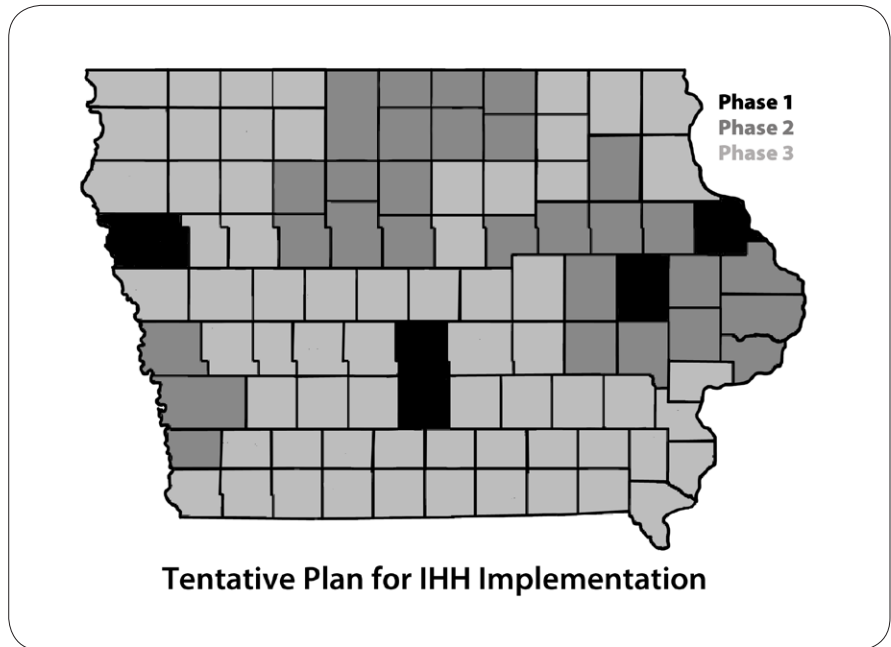
■ providing an accessible, single point of coordination while assuring children and their families have access to timely and appropriate services and supports;

■ building alliances with professionals who provide support and service to the child and their family; and

■ providing individualized care coordination for each family and child.

The Pediatric Integrated Health Home (PIHH) is a vision of the 2010-2012 Children's Mental Health and Disability Services Workgroup that was created to address gaps in Iowa's services for children with disabilities.

The workgroup developed a strategy for a statewide, publicly funded, system of care funded by the Affordable Care Act. The PIHH began in four sites in July 2013 and will be rolled out statewide in three phases (see map, above). An Integrated Health Home program is being implemented for adults with serious and persistent mental illness.

What is a System of Care Model?

The SOC model uses a team approach. Team members come from a variety of agencies and work cooperatively. They share

responsibility for developing, implementing, monitoring, and evaluating a single comprehensive care coordination plan. Providers develop realistic and effective care plans by referring families to community resources and including any natural supports available, such as friends, neighbors, and relatives.

The SOC model is based on the following core values:

■ **Family centered**
Families are engaged in decision making, setting goals and choosing supports, services, and providers;

■ **Child centered**
Young people are empowered, educated, and given a decision-making role;

■ **Community based**
Services are offered in the most inclusive, responsive, accessible, least restrictive setting possible; and

■ **Culturally competent and responsive**
Services build on values, preferences, and traditions of the child, family, and community.

Care Coordination and the Integrated Health Home Team

The PIHH team includes family peer support specialists, and care coordinators with nursing and social work specialties. Care coordination includes finding local services and supports (such as Title V or WIC), making referrals, assisting with insurance and waiver paperwork, helping families coordinate appointments, and facilitating educational meetings, such as IEP meetings. Care coordinators help locate funding for supportive services like respite, mentoring, or transportation. Care coordinators also help children and families attain important health outcomes, such as adherence to treatment interventions, and coordination of follow-up appointments and procedures with primary care providers and specialists.

One pediatric IHH describes a success story: "Our team was able to help a single mother and her four sons transition to a new home after being homeless for almost eight months. They had no furniture or beds, only blankets and pillows to sleep on the floor. We were able to provide them with resources to start living comfortably again. Now that their basic needs are being met, we can help this family access therapy and other services to address the boys' mental health needs."

Care coordinators are also involved in health promotion, which could take the form of educating children and their families to understand their diagnosis and treatment of a mental health diagnosis. They also provide information on proper nutrition, obesity reduction, and increasing physical activity. The coordinators also can provide health education about preventing and managing other chronic conditions, such as asthma and diabetes, and help families to identify behaviors that increase the risk of developing a chronic condition.

Care coordinators play a vital role in comprehensive transitions of care and crisis plan development. They work with families to develop strategies and crisis plans to minimize emergency department visits or hospitalization. When children do require hospitalization, coordinators participate in the discharge process and follow up with the family, providing extra support as needed. When necessary, the PIHH team can identify and link families to long-term care and community-based services.

The Pediatric Integrated Health Home program helps to ensure that children in need are at the center of the social services system, and that they are receiving comprehensive and coordinated care to meet their whole health needs and to help them to reach their optimal potential.

The Pediatric Integrated Health Program in Iowa

Information provided by Magellan Behavioral Care of Iowa

The Pediatric Integrated Health (PIH) program is a unique new service for Medicaid members. It is a community-based program. Your child has access to the program through a local behavioral health care provider. Being in the PIH program does not change Medicaid benefits; it simply adds to them. The program helps you get services for all of your child's health care needs. The goal is to help your child live a healthier life by focusing on "whole health."

What is whole health?

Whole health is a person's entire well-being. When health care providers consider physical and mental health at the same time, it is called "integrated care." They focus on total health needs including, physical and mental health and social support needs.

Your PIH team

The PIH program is more than just health care. It actively involves you—the child's family—through a care coordinator. This person will work with you, your child, and a team of others. This group will be known as your PIH team. The team includes:

◆ Your child's behavioral health providers

◆ The school system

◆ Your child's physical health providers

◆ Community agencies

◆ Family peer support specialists

Your PIH team wants to make sure your child receives the best care possible. The care coordinator will work with you and your child to have a positive experience when getting care.

Finding the right services

We understand it is very hard for you to find the right services for your child. PIH can make that process easier for both of you. Your child's health is so important. And we want to support you in helping your child live a healthy and happy life. The program has been in place in five areas across the state for more than a year. We have seen positive results among our members so far. Most members said they are very happy with the help they received. We are seeing that the program can work very well. We are always improving the program. We want to make sure it continues to help our members in the best way possible.

How the program works

You and your child talk with a care coordinator about your child's total health needs. This will help us decide how best to coordinate services for your child. The care coordinator can help you:

▼ Manage your child's physical and behavioral health services.

▼ Create a whole health treatment plan just for your child.

▼ Focus on good health and total wellness.

▼ Provide support services to you, your child, and family members.

▼ Make sure your child has access to care 24 hours a day.

▼ Use technology to link all the services together.

▼ Help with your child's recovery.

You do have choice. Joining a PIH program is completely up to you. If you do not want to be a part of a PIH, we will talk with you about other options.

PIH providers You can find your local PIH provider at **www.MagellanofIowa.com** or call us at **1-800-317-3738**.

The Iowa Plan The Iowa Plan is here 24 hours a day, 365 days a year—*if you need us.* Please contact us at **1-800-317-3738** or for TTY **1-800-787-1730** (extension 5025).

Visit: http://Iowa.MyWholeHealthCare.com

Responding to Cyberbullying

Top Ten Tips for Parents

Sameer Hinduja, Ph.D. and Justin W. Patchin, Ph.D.
Cyberbullying Research Center

1 **Make sure your child feels (and is) safe and secure**, and convey unconditional support. Parents must demonstrate to their children through words and actions that they both desire the same end result: that the cyberbullying stop and that life does not become even more difficult.

2 **Thoroughly investigate** the situation so that you fully understand what happened, who was involved, and how it all started. Getting to the root cause of the behavior will help you develop an appropriate response – whether your child was the target or the bully.

3 **Refrain from immediately banning access** to instant messaging, e-mail, social networking Web sites, a cell phone, or the Internet in general. This strategy neither addresses the underlying inter-personal conflict, nor eliminates current or future instances of victimization.

4 **Work with your child's school.** Schedule a meeting with school administrators, a counselor, or trusted teacher. They are trained to deal with these kinds of problems. If you feel like you aren't getting anywhere, consult with educators from other schools.

5 When necessary, **contact and work with the Internet Service Provider**, Cell Phone Service Provider, or Content Provider (Facebook or YouTube, for example) to investigate the issue or remove the offensive material.

6 When appropriate, **contact the police**. For example, law enforcement should be contacted when physical threats are involved or a crime has possibly been committed (such as capturing, sending, or posting sexually-explicit images of minors).

7 **Talk to other parents** through school and community organizations to raise awareness and determine the extent to which cyberbullying is occurring among other kids in the area (chances are, it is). Alert other parents if your child is being cyberbullied, as this might prompt them to inquire about the online experiences of their own kids.

8 **Apply firm consequences** if your child engages in cyberbullying behaviors, and escalate punishment if the behaviors repeat or are particularly serious, so that your child realizes the unacceptability of harassing others online.

9 **Avoid contacting the parents of the cyberbully** unless you have a good relationship with them and know they will respond appropriately.

10 **Talk to your child about the problem** in detail, and make sure you fully understand the roles of both parties, the motivations, and how technology was misused. Work together with the child to arrive at a mutually-agreeable course of action, including soliciting their input for resolving the situation (what would *they* like to see happen?).

Sameer Hinduja, Ph.D. is an Associate Professor at Florida Atlantic University and Justin W. Patchin, Ph.D. is an Associate Professor at the University of Wisconsin-Eau Claire. Together, they lecture across the United States on the causes and consequences of cyberbullying and offer comprehensive workshops for parents, teachers, counselors, mental health professionals, law enforcement, youth and others concerned with addressing and preventing online aggression.

The Cyberbullying Research Center is dedicated to providing up-to-date information about the nature, extent, causes, and consequences of cyberbullying among adolescents. For more information, visit http://www.cyberbullying.us.

Health care providers are often in a position where they have a child or parent report bullying to them and ask for help about what to do. Here are some suggestions for families:

1 Take cyberbullying seriously, but don't over-react and make it worse. Talk together and decide what to do and keep the reaction in line with the bullying.

2 Don't respond to or forward cyberbullying messages.

3 Keep evidence of cyberbullying by recording dates, times, and descriptions of what has occurred and save/print screen shots, emails, and text messages.

4 Visit social media safety or information centers to learn how to block users and change settings to control who can contact the child.

5 Review social media site rules and terms of service and report cyberbullying to them. Many sites will take action if someone is abusing their terms of service.

6 Change user names, accounts, emails, passwords, or phone numbers; delete anonymous messages without reading them; and limit who the child provides numbers or user names to.

7 Report cyberbullying to schools even if the bullying occurs outside of school. Schools often have policies about bullying and may be able to assist with prevention and response strategies.

8 If cyberbullying contains specific threats of violence, child pornography or explicit sexual messages, or involves stalking or hate crimes report the incidences to local law enforcement.

9 Get more information. Some web sites include:

yourlifeiowa.org
cyberbullying.us/resources/
stopbullying.gov/cyberbullying/
wiredsafety.org/
stopcyberbullying.org/
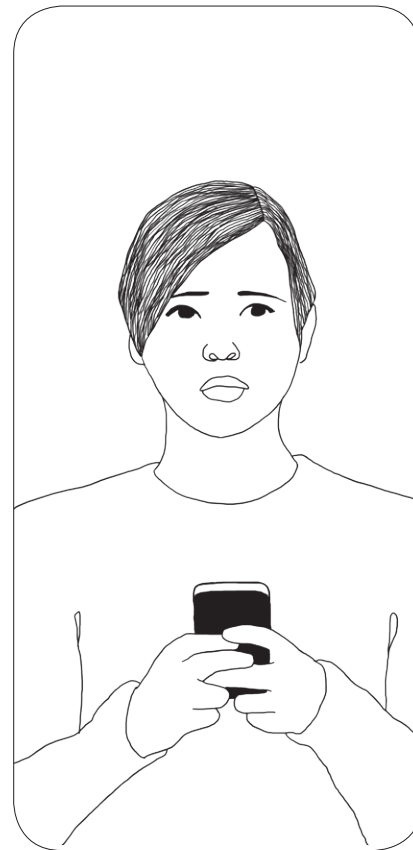
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Slonje, R., Smith, P.K., & Frisen, A. (2013). The nature of cyberbullying, and strategies for prevention. *Computers in Human Behavior*, 29: 26-32.

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Early & Periodic Screening, Diagnosis & Treatment

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