



KSKidsMAP Newsletter

Pediatric Mental Health Access

A program for primary care physicians and clinicians in Kansas through a telehealth network

ISSUE 9 | FALL 2022

MEET THE EVALUATION TEAM

The KSKidsMAP evaluation team tracks progress toward program goals and collects data in real time to inform Continuous Quality Improvement (CQI) efforts. KSKidsMAP has three overarching evaluation components: 1) Local and statewide capacity building; 2) Increased identification and access to care for children and adolescents with mental disorders; and 3) Clinician involvement in training activities such as the ongoing KSKidsMAP TeleECHO Clinic and implementation of the KSKidsMAP Consultation Line for case consultation, referral and treatment support.

Cari Schmidt, Ph.D.

**KSKidsMAP evaluation principal investigator
Sedgwick County, Kansas**

Cari received her doctorate in community psychology, with an emphasis in research methodology and program evaluation, from Wichita State University. She is a research professor and director of research within the KUSM-W Department of Pediatrics. She is responsible for the scientific, technical and administrative aspects of the research and evaluation plan for the KSKidsMAP program. She also makes sure all policies, procedures and requirements are followed to ensure activities are conducted ethically. Cari lives with her husband, two teenaged sons and two rescue dogs. She loves to travel and most recently hiked part of the Great Divide in Colorado with her family.



Sarah Krogman, M.S.

**Research Associate,
Department of Pediatrics
Sedgwick County, Kansas**

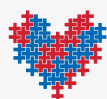
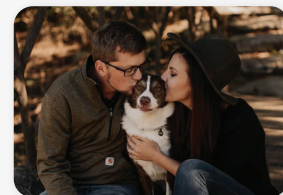
Sarah is the newest member of the KidsMAP team. She grew up in Texas and attended Midwestern State University for both her undergraduate and graduate degrees. She has a background in biological research and works for the Department of Pediatrics, Research Division, on multiple projects. For KSKidsMAP, she serves on the evaluation team where she helps collect, manage, analyze and report data related to program activities, as well as maintain a standard of ethics for all research projects. In her free time, she loves to read, play video games and spend time with her husband, Will, and border collie, Newt.



Ashley Hervey, M.Ed.

**Manager,
Center for Research for Infant Birth & Survival
Department of Pediatrics**

Ashley attended Wichita State University for both her undergraduate and graduate degrees. She has occupied multiple positions during her time at KUSM-W but is currently the manager for the Center for Research for Infant Birth & Survival (CRIBS). Her work primarily focuses on programs and research related to maternal and infant health. Ashley serves on the evaluation team for the KSKidsMAP project and enjoys working collaboratively with a diverse interprofessional team. When she is not working, she enjoys traveling with her husband, Paul, running half marathons and lounging around the house with her fur baby, Walter.



KSKidsMAP
Pediatric Mental Health



Meet Kristin Stuppy, M.D., FAAP

Please tell us about you and your family.

I grew up as an Army brat, so have many experiences living in various places but have appreciated being able to settle down in Overland Park and raise my two children in one house. We chose the KC area so that my husband could join his family business. He is the fifth generation to lead Stuppy Greenhouse Manufacturing. We have two children who have taught me much over the years. I was once a proud owner of “Hockey for Dummies” so I could follow my son’s hockey games as a novice fan. I have enjoyed more dance and theater performances over the years than I can count, watching my daughter perform. Both my children are now young adults. One lives and works in Salt Lake City and the other is finishing college this year. This past summer my parents, daughter and her fiancé, my husband and I were able to go to Utah to spend time with my son and his girlfriend. We were able to enjoy the beautiful mountains and activities of the area. The picture is from a hike at Stewart Falls.



Where did you go to medical school/residency?

I went to medical school at the University of Missouri – Columbia then completed my residency at Raymond Blank Children’s Hospital in Des Moines, Iowa.

How long have you been practicing?

I’ve been practicing for 23 years – time has flown by! Much has changed over the years.

What is your favorite aspect of practicing medicine?

Watching families grow over time has been very rewarding. I love when kids mention something they learned at the last visit, such as they now eat a plant and a protein each meal and snack, or when parents mention how much advice has benefitted them in a personal way. Sometimes this advice was given directly at a visit, other times it was from a social media post I shared or a blog I had written. Knowing that I am able to help people live their lives in a healthier way is very fulfilling and has kept me motivated to continue even when the work life balance has tipped in favor of too much work at times over the years.

What is your favorite thing to do outside of work?

When my children were young, I spent most of my time bringing them to and from various activities and enjoyed watching them participate. As they got older,

I filled my time with volunteering and trying to educate a large audience online. I have been active volunteering over the years with my children’s schools, a special needs respite care and our local CHADD group, ADHDKC. I have found writing blogs and updating our office website, making videos, and other things that are related to work but require an aspect of creativity and skills not used in the clinic, to be a rewarding way to spend time. In clinic we rarely see immediate results but building a website or creating a video fulfills an instant gratification need of mine. In recent years I find these to be not as much fun anymore, so have cut back on these outlets. No one wants to learn about the risks of COVID-19 and how to protect themselves, so I am trying to find new ways to fill my time. I’ve recently become a parent to two sugar gliders. They provide fun and entertainment in the evenings and allow me to decompress from all the overload of the pandemic.

How has KSKidsMAP helped you within your medical practice?

I have very much enjoyed the KSKidsMAP TeleECHO Clinic. It has been helpful to see how others (including specialists and other general pediatricians and nurse practitioners) approach difficult clinical cases. I look forward to these sessions every other week to help broaden my knowledge and to feel validated in various approaches to difficult issues.

Helpful hints from recent didactic presentation titled “Eating Disorders: Psychological Treatment”

By Melissa Hopper, Psy.D.

Helpful hints when talking to patients

What not to say:

- “You look healthier”
- “You’ll grow out of it”
- “I promise you won’t get fat”
- “Wow, you’ve lost/gained a lot of weight lately”
- “Your weight is good this week”
- “If you don’t eat, I’ll put you in the hospital”
- “Just eat a cheeseburger and you’ll feel better”
- Talk about your own dieting

What to say:

- “You are thinking so much more clearly”
- “It’s good to see your sense of humor”
- “Your concentration has improved”
- “You can talk to me if you need to”
- “The illness has a long course but there is hope”
- “Your health is improving”
- “Your parents will have to plan your meals for a while”


Helpful hints when talking to caregivers

What not to say

- “You should have brought them in sooner”
- “They will outgrow this, it’s just a phase”
- People with eating disorders are very manipulative”
- “She most likely does not have a problem, her weight is normal for her age/height”
- “Everyone has stress with teenagers”

What to say

- “Of course you would be stressed. What supports do you have?”
- “This illness impacts every member of the family”
- “You may need to take more control of his/her meals for a while”
- “The journey can be a long or short one, but continue to have hope that recovery is possible”



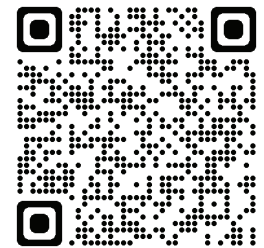
**EATING
DISORDER**

CASE PRESENTATION

At a recent TeleECHO Clinic session, a rural primary care physician presented a young adult patient who has a history of an eating disorder (anorexia nervosa), anxiety and depression. The PCP was seeking guidance for psychopharmacotherapy and resources. The patient had been on fluoxetine (10mg). The PCP recently titrated medication up to 20 mg, patient saw some symptom relief. The patient's BMI is at the 15th percentile, the PCP tried ondansetron and cyproheptadine without benefit. The PHQ-9 and GAD-7 scores remain positive. A referral for therapy was made and the initial appointment has been completed. Current symptoms include insomnia, feeling cold, lethargy, constant fatigue, limited social interactions, meal avoidance, some food rituals and counting calories. The patient is fearful of getting fat, is experiencing preoccupation with food and self-image issues.

The KSKidsMAP pediatric mental health team agreed with the PCP that the patient was having some benefit from the SSRI (fluoxetine) with the symptoms for anxiety and depression. SSRIs have limited efficacy in the setting of anorexia nervosa because of malnourishment, the PCP could consider olanzapine (starting at 2.5 mg) which has been shown to support weight restoration in adults. The first line treatment for an eating disorder is appropriate nutrition. Regular lab work could monitor nutrition and purging behaviors, as well as a referral to a dietician for education and guidance. Since patient has a long history of eating disorder, anxiety and depression as well as a BMI of 15%, recovery will be a long-term process. Other resources shared with the PCP for the patient were information about anxiety/depression and medication treatment, an eating disorders guide to medical care, eating disorders in college students, family-based treatment for eating disorders and mindfulness apps.

While there is some efficacy with psychopharmacotherapy in partial symptom control of eating disorders, the first-line treatments include specific therapy interventions, and patients like this young woman may need lifesaving treatments in inpatient and/or intensive outpatient program. With patient's low BMI and significant history of symptoms, criteria for inpatient or partial-day hospitalization most likely would be met. However, in Kansas, specialist interdisciplinary care is scarce and there are no available inpatient/partial-day programs for eating disorders.



Don't miss your chance to
become part of the network.

ENROLL NOW!

For more information about KSKidsMAP, visit wichita.kumc.edu/KSKidsMAP, email KSKidsMAP@kumc.edu or call **1-800-332-6262**.

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