



child & family
guidance center

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ABOUT US

- Established in 1896, Child & Family Guidance Center (CFGC) is a registered 501(c)3 not-for-profit corporation.
- The agency is the oldest child guidance center in Texas and 2nd oldest in the nation. CFGC serves over 12,000 individuals a year, including over 7,500 children.
- CFGC is a key provider and referral source for mental health and related services in North Texas.
- 8 locations serving 8 counties in the greater Dallas area

Services include:

- Mental Health Services
- Clinical Assessment
- Psychiatric Evaluation
- Case Management
- Medication Management
- Family Counseling Services
- Rehabilitation Services
- Skills Training Services
- Social Studies
- Individualized Counseling Services

Our services are provided to children, adolescents, AND adults.

OUR
SERVICES

Treating the **whole person** with a **tailored** treatment plan

Clinical Assessments

A Thorough, Psychosocial assessment will gather the pertinent information necessary to develop appropriate recovery goals and determine the treatment best suited to meet the individual's needs.

Psychiatric Services

A Board Certified Psychiatrist conducts an extensive evaluation, identifying a treatment plan suited for the individual's needs, and maintains an ongoing doctor-patient relationship managing their medication.

Counseling

Licensed Counselors Provide

- Individual Therapy
- Family Therapy
- Variety of evidence-based therapeutic modalities including but not limited to CBT, play therapy, and Solution-Focused

Rehabilitation & Skills Training

Community-based, Wrap-around

- Services for children and adults, designed to improve and restore life skills to ultimately increase success in all domains of life functioning.
- Structured and curriculum-based

ACCESSIBLE, **QUALITY** CARE

OTHER SERVICES

Case Management

Tailored case management ensures

- Each client and family (when applicable) receive necessary psychiatric, social, vocational, educational, and other support essential for achieving stability.
- Medication and diagnostic education are also offered.

Telehealth Services

Comprehensive services

- Our team members meet clients where they are to facilitate remote delivery of physician services.
- This enables clients to receive quality care, a proper diagnosis, and continued treatment in areas lacking mental healthcare professionals.



ACT Program

Assertive Community Treatment

Community-based mental health care for adults living with a serious mental illness that interferes with their ability to live in the community, attend appointments, and manage mental health symptoms.



OCR Program

Outpatient Competency Restoration

Community-based services for adults who have been diagnosed with a chronic, persistent mental illness and deemed incompetent to stand trial.

ADULT PROGRAMS

CHILDREN AND ADOLESCENT PROGRAMS

Safety Net Program

Substance Use Prevention & Intervention

School & Community-based, youth program serving Dallas, Collin, & Denton counties via drug and alcohol education, goal-setting, stress management, communication skills, and anger management.

YES Waiver Services

Youth Empowerment Services

Family-centered, community-based, program designed to help children and youth, ages 3 to 18, who are at risk of out-of-home placement due to serious mental, emotional, and behavioral difficulties.

PAYMENT OPTIONS

- Private Insurance
- Self-pay
- CHIP
- Medicaid/Medicare
- NTBHA / LPS
- Payment plans and sliding scale based on comprehensive assessment of financial need.

COVID-19 RELATED CHALLENGES IN PSYCHIATRY

Dr. Asif Rashid, M.D.

Medical Director-Children and Family Guidance Center

Board Certified in Adult, Child, & Adolescent Psychiatry

COVID OUTCOMES

129 Italian Children Diagnosed with COVID-19 (Mean Age of 11)

- Acute COVID-19 – 33 children (25.6%) were asymptomatic, and – 96 children (74.4%) had symptoms
- Overall – 6 (4.7%) children were hospitalized, and – 3 (2.3%) needed pediatric intensive care unit admission
 - 3 developed multisystem inflammatory syndrome (2.3%)
 - 2 myocarditis (1.6%)
 - 5–6 months later – 41.8% completely recovered
- 35.7% had one or two symptoms – 22.5% had three or more
- Source: Ludvigsson JF. Case report and systematic review suggest that children may experience similar long-term effects to adults after clinical COVID-19 (*Acta Paediatr.* 2021;110(3):914-921).

CDC COVID-RELATED
STATISTICS: COVID-19'S
IMPACT ON
CHILD PSYCHIATRY

Move to telemedicine:

- March 13, 2020: CMS issues 1st set of regulatory flexibilities related to the COVID-19 pandemic
- March 16, 2020: DEA waves requirement for in person visits in order to prescribe controlled substances
- March 17, 2020: HHS. OCR Oks the use of non-HIPAA compliant popular teleconferencing apps
- Rapid adoption of eScripts for Schedule 2 medications COVID-19

WHAT COVID-19 TAUGHT US ABOUT TELEMEDICINE

American Psychological Association Poll of Nearly 1,800 Psychologists Challenges or barriers for patients to receive treatment via telehealth

- 26% fair amount,
- 58% a few challenges,
- 16% no challenges Barriers: internet access or connectivity, general technical difficulties, and privacy issues
- 41% felt burned out
- 30% said they have not been able to meet patient demand

Most psychologists said they practice self-care (66%) and maintain a positive work-life balance (55%)

CHALLENGES MOVING FORWARD COVID-19'S INPATIENT CARE DISRUPTION

- Social distancing protocols where close contact is expected for safety monitoring, group therapy and meals
- Initial reduction in available beds, with variable capacity return
- Restriction of visitors and minimization of non-essential contacts
- Workforce adjustments
- Isolation rooms and other operational adjustments COVID-19's Residential Care Disruption
- Social distancing protocols where close contact is typically expected
- Tele-psychiatry variability accepted by regulatory boards
- Admissions and transfers slowed, at some facilities population dwindled.

CHALLENGES MOVING FORWARD COVID-19'S INPATIENT CARE DISRUPTION CONT.

- Youth were stuck at detention centers and alternatives sentencing was encouraged
- Restriction of visitors and minimization of non-essential contacts COVID-19's
Related Increased Visits to Emergency Rooms
- Emergency rooms in the community saw an increase in psychiatric visits, likely because of increased isolation and stress along with less contact with therapists or psychiatrists
- Acute care settings need protocols to triage, test and minimize risk of infection
- Reduced inpatient capacity, difficulties of holding patients awaiting higher level of care

COVID IMPACT ON KIDS

Reduced inpatient capacity, difficulties of holding patients awaiting higher level of care
Loneliness, Anxiety and Loss: the COVID Pandemic's Terrible Toll on Kids
"A year of school shutdowns and family trauma leads to social isolation, stress and mental health issues"

- American Psychological Association Poll of Nearly 1,800 Psychologists 'Nobody Has Openings' Compared with before the pandemic
- 74 percent said they were seeing more patients with anxiety disorders
- 60 percent said they were seeing more patients with depressive disorders.
- Nearly 30 percent said they were seeing more patients overall

After the Pandemic Wanes, Children may Face a Bumpy Re-entry Period

COVID IMPACT ON KIDS CONT.

- Dust off dormant social skills
- Make up for lost time.
- A 13 y.o., who during the entire pandemic school year, has met up with a friend in person just once: “it’s been a lot harder to make friends and talk to new people” (Wall Street Journal “Terrible Toll” Case Example)
 - A 13 y.o. previously in therapy for school-related anxiety and sleep problems
 - During pandemic became terrified of COVID and passing it to her family
 - Tried to avoid any news of COVID and Zoom calls because the subject would come up
 - 1st outing after lockdown , outside, socially distanced and with masks, she had a panic attack
 - Restarted therapy in June, attending school in person since the fall
 - Elaborate safety regimen: two masks, face shield, Lysol, hand sanitizer and wipes. Waits for the hallways to empty out before she dashes to the next class

**Do you agree
with the
“terrible toll”
headline?**

(WSJ reader comments)

“Lockdowns caused damage, due to mistaken school closure. This mistake is human-imposed”

“Never tell kids they will be crippled by anything”

Association of Children's Mode of School Instruction with Child and Parent Experiences and Well-Being During the COVID-19 Pandemic

COVID Experiences Survey; The sample included 1290 parents of children

- 93% from public school
- 7% from private school
- 45.7% reported the child received virtual instruction
- 30.9% reported in person instruction
- 23.4% reported combined instruction

Virtual instruction was more common in public school and in minority families

Association of Children's Mode of School Instruction with Child and Parent Experiences and Well-Being During the COVID-19 Pandemic cont.

Parents of children of receiving virtual instruction were more likely to report:

- Loss of work (43% vs 31%)
- Job stability concerns (27% vs. 15%)
- Childcare challenges (14% per 7%)
- Conflict between working and providing childcare (15% vs. 8%)
- Emotional distress (54% vs. 38%)
- Difficulty sleeping (22% vs. 13%)

Parents of children receiving combined instructions (versus in-person instruction) were also more likely to report:

- Decreased physical activity (52% vs. 30%)
- Time spent outside (42% vs. 27%)
- In-person time with friends (84% vs. 70%)
- Worsened mental health (25% per 16%)

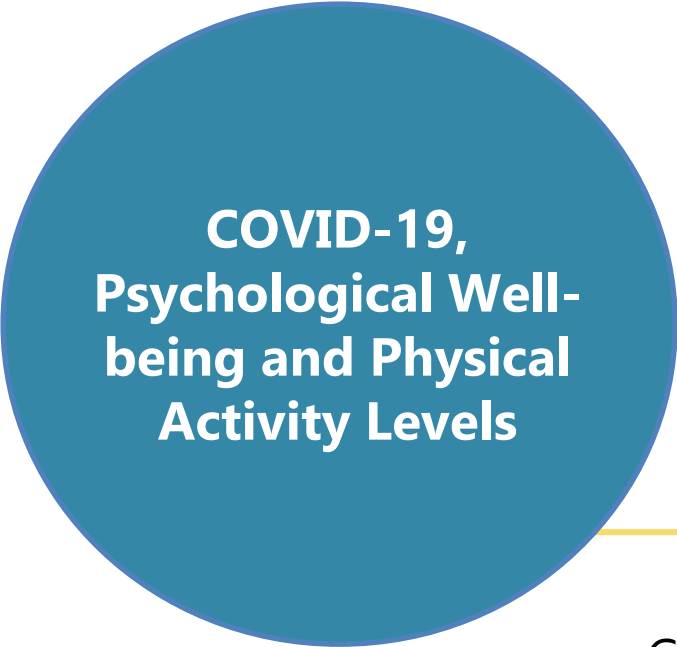
Parents of children receiving virtual instruction were more likely to report their children had decreased:

- Physical activity (63% vs. 30%)
- Spent time outside (58% vs. 27%)
- In-person time with friends (86% vs. 70%)
- Worsened mental health (25% vs. 16%)

- Higher pandemic-related stressors associated with increases in both internalizing and externalizing symptoms
 - Persisted six months later – association to internalizing symptoms stronger in adolescents
- 2021 Associated with Reduced Internalizing and Externalizing Problems Discussion: These findings suggest that virtual instruction presents more risk than does in-person instruction related to child and parental mental health and health supporting behaviors, with combined instruction falling between

PROMOTING YOUTH MENTAL HEALTH DURING COVID-19

a longitudinal study spanning pre- and post-pandemic of children and adolescents (N=224, 7–15 years) assessed prior to the pandemic, during the stay-at-home orders, and six months later



**COVID-19,
Psychological Well-
being and Physical
Activity Levels**

**Older Adults During the Nationwide
Lockdown in Spain** (Carriedo et al., 2020)

- Greater engagement in exercise
- Structured Routine
- Greater time spent in nature (weaker association)
- Less screen time (but mixed)

PANDEMIC-RELATED STRESSORS AND INTERNALIZING SYMPTOMS

- Association between pandemic-related stressors and internalizing symptoms in adolescents but not children
- Greater time in nature is marginally associated with lower internalizing but not externalizing problems
- Association of pandemic-related stressors and externalizing problems was lower for youth with greater time outdoors than use with less time outdoors

NEWS & PASSIVE SCREEN TIME

- Low passive screen time use also buffered against the association between pandemic-related stressors and externalizing symptoms 6 months later
 - Translation: youth with high screen times during stay-at-home orders showed a positive association between pandemic-related stressors and externalizing symptoms 6 months later
 - Youth with low screen time during the stay-at-home orders showed no significant association between stress and externalizing problems 6 months later
-

ROUTINES & COPING STRATEGIES

- Youth with more structure daily routine had lower externalizing but not internalizing problems
- Children who did not engage in adaptive coping strategies showed a positive association between stress and externalizing psychopathology
- Adolescents who engaged in lower levels of adaptive coping showed a positive association between pandemic-related stress and externalizing problems

NEW MEDIA VS. TRADITIONAL MEDIA DURING COVID-19 & MEDIA USE AND ACUTE PSYCHOLOGICAL OUTCOMES

- New media include many sources, increasing information quantity
- The information quality is uncontrolled, crowd-sourced and not regulated by established standards and protocols
- New media includes video, audio, images, and print – multiple perceptual pathways, with user control (thus strategies needed for wise use)
- Traditional media is mass media without interaction
- Use of new media (rather than traditional media) was significantly associated with more negative affect, depression, anxiety, and stress
- Viewing stressful content (i.e., the outbreak, reports from hospital) was associated with more negative affect and depression

Overall media engagement was also associated with more negative affect, anxiety, and stress

- Viewing heroic acts, speeches from experts, and knowledge of the disease and prevention were associated with more positive affect and less depression

TRANSGENDER AND GENDER DIVERSE YOUTH

- Transgender and gender-diverse youth are more greatly affected by mental health challenges during the COVID-19 pandemic than cisgender youth
- More mental health service disruptions.
- Less reported social support from their families compared with cisgender youth
- 63.0% report unmet needs for mental health and substance use during the early pandemic period, (27.9% for cisgender youth)

YOUTH MENTAL HEALTH CHANGE DURING COVID-19 IN MAJORITY HISPANIC/LATINX US SAMPLE

- Increased family time and relationship building
- Removal of in-person school stressors
- Reduced academic pressures
- Increased sleep

Eating Disorders during COVID-19

- The Center of Excellence in Eating and Weight Disorders at Mount Sinai Health System (NY) received about 105 calls a week over the past year, up from about 30 before the pandemic
- The majority were from families with children ages 8 to 14, when disorders like anorexia often emerge
- Some children are restricting what they eat in an attempt to deal with the stress of the pandemic.
- Others are bingeing because of "lack of stimulation or boredom

Mental Health and Innovation during COVID-19 survey (N=666, aged 16 to 25)

- 38% of youth met criteria for moderate or severe psychological distress
- Psychological distress was progressively more likely to occur as levels of social isolation increased
- Digital interventions (such as fitness tracking, meditation apps) may help mitigate the negative psychosocial impact of lockdowns

LOCATIONS

Principal Location - Dallas

8915 Harry Hines Blvd.
Dallas, TX 75235

Plano

4031 W. Plano Pkwy, #211
Plano, TX 75093

Mesquite

120 W. Main St, #220
Mesquite, TX 75149

Oak Cliff

210 W. 10th St
Dallas, TX 75208

Waxahachie

1305 W. Jefferson, Ste 210
Waxahachie, TX 75165

Kaufman

106 S. Jefferson
Kaufman, TX 75142

Corsicana

319 N. 12th, Ste 1
Corsicana, TX 75110

Greenville

4216 Wesley St. Ste 101
Greenville, TX 75401

Phone #: 214-351-3490

Toll-Free: 1-866-695-3794

QUESTIONS?



We look forward to working with you!

Thank you for your time!



www.childrenandfamilies.org