

## CUSD Cares

### Dr. Anthony Pickett

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CUSD Director of Counseling & Social Services, Brenda Vargas talks with Dr. Anthony Pickett, Associate Emergency Trauma Medical Director with **Phoenix Children's Hospital**. Dr. Anthony Pickett, MD shares information on what to expect when visiting Phoenix Children's Hospital.

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Brenda Vargas: [\(00:06\)](#)

Welcome parents and caregivers to another addition of CUSD Cares. Thanks for joining me. Today, we have the absolute pleasure and honor to have with us, an amazing member of our community, Dr. Anthony Pickett. Dr. Pickett, welcome to CUSD Cares.

Dr. Anthony Pickett: [\(00:23\)](#)

Oh, thank you so much for having me. This has been a long time coming. I'm just so excited to be here.

Brenda Vargas: [\(00:29\)](#)

Dr. Pickett, I think it goes without saying that we definitely need to share your background. Obviously doctors in front of your name, what kind of doctor, right. You work for Phoenix Children's Hospital as an associate emergency trauma medical director. You also on an academia platform. You are the assistant clinical professor at U of A, as well as Creighton University School of Medicine and Mayo Clinic College of Medicine. So a little busy here.

Dr. Anthony Pickett: [\(00:57\)](#)

Yeah. You know, I like to keep myself somewhat busy. They say idle hands are the devil's tools.

Brenda Vargas: [\(01:04\)](#)

Well, we appreciate the fact that you serve our greater Phoenix community, and I know many of our parents and caregivers have had to walk into the ER at Phoenix Children's. Your hospital has such a strong influence in our community and just a strong reputation as well. But I want to jump in here because I know our time is limited and folks want to hear what you have to say in your expertise. You know the past few years have been challenging, to say the least, but we know particularly for children as they try to navigate this world and live and learn and in what's been happening. You've seen a great number of families come through that ER probably more so since the pandemic has happened than potentially years before. Tell us about what it is that you are seeing at the ER level.

Dr. Anthony Pickett: [\(01:57\)](#)

You know, Brenda, it is just amazing as far as the amount of medical children that we see has just skyrocketed. We're seeing numbers that you would not believe as far as just children sick with the run of the mill stuff. And I don't know if it's a reflection of with the pandemic and kiddos being quarantined,

their immune systems were not as exposed to certain viruses for their first year of life, but now they're getting sicker. So, our emergency department is exceedingly busy there. One of the most concerning upticks that we've had is just the sheer amount of behavioral health issues that are presenting to our emergency department. It almost necessitates its own emergency department, its own section to take care of the amount of children that we're starting to see.

Brenda Vargas: ([02:46](#))

And it goes without saying that physical mental health component, I mean, it is married, there is no separating it. We have spoken to many, many parents in which they're seeing the, the physical end of things, but there is certainly a mental health component there that has in some ways been compromised or there's a concern at some level. So, let's say Dr. Pickett, I'm a parent walking in the ER, my kid is not well, and I know it's on the mental health side. What should I expect when I walk through those doors from your team?

Dr. Anthony Pickett: ([03:22](#))

That's a great question because it's a very intimidating idea to think of. You have to bring your child into a busy emergency department when one, you know you're going into a busy place and there very well could be chaos once you walk in the doors. Coupled with the fact that the reason you are going to the emergency department is more of a behavioral issue. So, your child might not be coping with certain stressors and then to introduce him into a busy emergency department, obviously is not the most ideal situation. So we really do our due diligence and make a really strong attempt to get any child who's coming to the emergency department for a behavioral concern kind of put away in a separate area of the waiting room. So instantly there's alleviation of the general chaos of just when you walk in. As long as a parent identifies that, that is why they're here, our triage staff knows instantly, okay, this is a child who need not be around the coughing, sneezing, injured children. This is a kiddo who likely needs a quieter area where a discussion can be had more privately to really get into the issues that bring them in.

Brenda Vargas: ([04:34](#))

I appreciate that your staff does that and you've established that process. A lot of parents coming in to even acknowledge that that's why they're there, right? Because there's that entire shame and stigma piece that keeps us from really talking about what the real problem is and sometimes even understanding and articulating that, is a challenge in itself. So, thank you so much for acknowledging that. And I want parents to know that it's okay to share if that is the initial reason why you're coming in on top of the fact their stomach hurts or they have a headache or whatever the other physical ailments might be, but they might be secondary and they're well aware of that.

Dr. Anthony Pickett: ([05:13](#))

And I think that's very important to state and to restate is that, if your child has a stomach ache, but as a parent you might feel it's related to stressors or something else going on. If you mention that at the initial intake, there is nothing in there that is going to be dismissed or downplayed. We really try very hard at the hospital to really approach 360 degrees of care so that we're addressing the medical concerns. And once a patient is deemed medically clear, then we can focus on the mental health piece. So if there's a physical and mental health piece going on simultaneously, we obviously address that the

physical health piece first, and once that's stable and the kid is, is feeling better, and now you can actually have a meaningful conversation, then it'll switch over to, to the mental health piece of it all.

Dr. Anthony Pickett: ([06:04](#))

And I just also want to stress that at Phoenix Children's, we are absolutely 155% a judgment free zone. You never, ever, ever, for any parent listening to this, watching this, talking to a friend about this, the most important thing is you bring your children into our emergency department with any concerns of behavior, you will not be judged. No one is going to judge you. We will listen to concerns and we'll try to help you and your child and the child's siblings and anybody else involved. So, I cannot restate that enough. I really, I don't want people to hesitate bringing a child in for fear of them being judged. That will never happen. I promise you that.

Brenda Vargas: ([06:44](#))

I appreciate you bringing up the fear piece, because the fear piece is very real for some of our families. And there might be even some concerns in regards to maybe I didn't do my job as a parent, maybe I didn't do something I was supposed to do. I know parents deal with a variety of different things, and especially in custody issues, right? That can get very complex. I'm not presuming to know. However, I want parents to understand that sometimes we have to rely on our support system of other people to help take care of our child. And even if you are coming at the tail end of that and bringing the child to the emergency room, but it happened with auntie or the neighbor, whomever, right? Please just understand that Phoenix Children's is there not to cast judgment, but they're certainly there to provide the solutions that are necessary. So I appreciate you saying that Dr. Pickett.

Dr. Anthony Pickett: ([07:33](#))

Of course

Brenda Vargas: ([07:34](#))

It takes a whole village, right?

Dr. Anthony Pickett: ([07:36](#))

It does. It really, really, really does.

Brenda Vargas: ([07:39](#))

Oh my goodness. So that is wonderful to hear. I know that, and since we're going to address and focus our attention more on the behavioral health side and what we're seeing from that perspective, if a parent or caregiver is there to receive that type of support, can you share with our listeners who is part of that behavioral health team? What does it look like and what can I expect if I'm a parent?

Dr. Anthony Pickett: ([08:03](#))

Sure. No, absolutely. So once the children are triaged and identified for the issues that we're specifically talking about, then we'll get moved immediately into a quiet area of the emergency department, in one of our specialized rooms that when we opened our new tower at Phoenix Children's, we knew we needed to have these rooms. So, there's safe rooms essentially. So, if there's any concern of a child's behavior that they could injure themselves or potentially injure anyone else, these rooms are safe. The

first thing that happens is the child gets in one of these safe rooms and then they're met by our behavioral specific nursing and tech staff. These are nurses and techs who are specifically trained to intake patients that might be going through a behavioral crisis, whatever it may be. I think this is very important because from the very moment you step into the emergency department, you are seeing people that have skills unique to what brings you in.

Dr. Anthony Pickett: ([09:02](#))

We're not throwing you into a general area where you might have more of a medically savvy nurse who doesn't know how to have certain sensitive conversations with families. So, you instantly have that specialized type of care. Following that, that's when you'll meet one of the emergency medicine physicians such as myself. And our role as far as caring for the behavioral health patients that we have is somewhat limited. We provide more medical care. We'll do medical screening, kind of scratch the surface of what brings parents and their families in and really make sure that the child is deemed what we call medically clear. Once they're medically clear. That is when we place phone calls directly to our behavioral health team where they will meet with a licensed social worker. Sometimes we have providers from an outside service crisis prevention response or CPR we call it. They come out and speak to the families, and then these cases are then staffed with our behavioral health team, psychiatrist, or psychologist who's on call. So every case is getting discussed with the most equipped providers to really come up with the safest plan or options for the child and the family.

Brenda Vargas: ([10:18](#))

And those options,

Dr. Anthony Pickett: ([10:19](#))

That was a lot of words

Brenda Vargas: ([10:20](#))

No, that was great. And those options could potentially be outside of Phoenix Children's Hospital, correct?

Dr. Anthony Pickett: ([10:26](#))

Yes, absolutely. Absolutely. We at Phoenix Children's are limited in our space as big as that beautiful tower looks off the 51, you know, still has a finite amount of space. We have age restrictions and there are certain things in place. So just because you bring your child to the main emergency department at 1919 East Thomas, that does not mean that that is where you will be for a foreseen future. There's a chance that if, more convenient to where you live, there are certain other centers where we can transfer children to receive the care that they need.

Brenda Vargas: ([11:02](#))

Well, and with the additional mental health services being needed, we're seeing right. More behavioral health agencies and supports pop all over the state, which is a good thing. We want those agencies to exist outside and support Phoenix Children's as well as our wonderful community, so that people have choices and options because with choices and options, we do understand that parents, they're guiding not only in getting their child well and safe and healthy, it also has to do with how much we have in our

pocket. So, when, we talk about cost, right, I would like to know from a parent perspective, what options are there really, if someone is concerned with cost and how does Phoenix Children's help and support in that effort at all? Does that stop services? What does that look like as far as from the ER perspective,

Dr. Anthony Pickett: ([11:53](#))

You know, from the ER perspective, this is a pretty simple question for me to answer, is that cost and ability to pay and family's socioeconomic status means absolutely nothing when a child comes into the emergency department. We do not think of cost or how downstream we're going to recoup costs for services given we just treat the children. I think that's the most important thing. We just need to make sure that the kids with these issues are getting the services they need. So, there are things in place, it's a little above my pay grade as far as the insurance payers and how bills can be dealt with. But I don't want anybody who feels they need services to think that they shouldn't seek out those services because it might be cost prohibitive, or they can't afford the services. That is never a reason. We will always work with the family to ensure that the children are taken care of while not putting them in such a financial hole that they can never get out of, that would not be good for any family to trade one of those issues for another.

Brenda Vargas: ([13:01](#))

Well, we know that they're with you for such a short time for you to look at things under a magnifying glass in some sense to try to find a solution that is the best fit and the best match for that family and that student. But when you're looking at discharging a child of a family that maybe has been in crisis and has had some struggles, what does that process look like as far as discharge?

Dr. Anthony Pickett: ([13:24](#))

So, for those children after the evaluation, it's deemed safe for them to be discharged home from the emergency department. There have to be certain things in place for that to happen. The behavioral health team has to ensure one, that it's safe for the child to go home. No child would be discharged if there was any concern or question about the safety of the child. So, I think most importantly is that's the first thing that is established is this child is safe to go home. Sometimes, depending on the age of the child, the safety is accomplished by some of the older kiddos can participate in the safety contract where they actually sign with the providers and the parents that they will not do anything to harm themselves. And these have been proven to be very impactful at preventing children from doing impulsive things.

Dr. Anthony Pickett: ([14:17](#))

So occasionally we'll have kiddos sign those contracts if they're old enough to do so. But I think one of the most important things that we can accomplish is really achieving very, very timely follow up. The children leave in the families, leave the emergency department after that visit with an appointment for follow up, which is super important. I don't think a lot of us would feel comfortable sending some of these children home without knowing and confirming that they would be seen in a couple days. Once we have that bridge appointment scheduled, then it's a matter of just making sure that, that everybody in the family is comfortable with discharge. Again, we want to make sure that the parents feel comfortable, the children feel comfortable, siblings feel comfortable. And again, if there's even the

slightest hint of someone just being uneasy, we're more than happy to hold the child for more treatment and evaluation until the family is comfortable with discharge.

Brenda Vargas: [\(15:13\)](#)

I love how you think about the family unit completely as opposed to just the patient because it is a family support system. I know that you have been doing this work for quite some time and help get those that are studying really hard to be in this profession ready to go. What myths do you see and hear that are the most common?

Dr. Anthony Pickett: [\(15:34\)](#)

Wow. That is a slippery slope of a question to ask Brenda? You know, I think so many of the myths, or one of the main myths is the younger children, people can't wrap their heads around that a six, seven-year-old can have serious behavioral health issues. It's easy to say, oh, in my day we would've just popped that kid on the bottom and told him, you better act. Right? But that's not the world we live in. That's not, it wasn't the right thing back then. Even though thanks be to whoever you believe in, that kids turned out okay, but we've learned so much more. So, I think that's one of the big myths to dispel is that the younger kiddos, it's more than just them being a funny younger little kid who doesn't want to behave. These are children that can have some serious behavioral health issues and need professional evaluation and treatment.

Dr. Anthony Pickett: [\(16:29\)](#)

One of the other myths you'll get is that children who act out or have these issues, it's somehow a reflection of poor parenting. I mean, that should just pause all the listeners and we should all just shake our head on that one. Parents try their hardest. I almost gave myself chills thinking about it. I mean, from the moment you have a child, no one thinks I'm going to be a bad parent. We all love our children and want the best for them. So, when something goes off the rails and behaviorally something's going on, I can only imagine how hard it must be for a parent themselves to feel what did I do wrong? They're dealing with that inside themselves. The last thing we need to do as an outsider is contribute to that pain and look at these parents and think you are not doing a good job.

Dr. Anthony Pickett: [\(17:17\)](#)

That is a hundred percent a myth. And I just want any parent of any child who's going through anything to know that it's not a reflection of you as a parent. Sometimes kids need help from the professionals and that's why we're here. Another myth could be that, oh, it's only the poor kids that have this because they don't have the nice Air Jordans and the nice this and that. No, socioeconomic status, demographics don't matter. You could be excelling about to graduate top of your class, but you still could have some serious issues. So, I just want us all to be aware that any myth that's out there, I mean, these are just a few that I've thought of, but they're so horrible to think of. I mean, I could go on and on, but I'm sure this podcast at some point has to end.

Brenda Vargas: [\(18:05\)](#)

So what you're saying is you see people from all walks of life. Families from all different demographics experiencing some of the same hurdles and challenges from thoughts of suicide to super anxious kids and stressed that are really coming saying, I don't even know where else to go. I've gone everywhere I

can go and here I am.

Dr. Anthony Pickett: ([18:27](#))

Exactly. And you know, it also has to be so daunting to think about, general pediatricians in the community. God bless 'em, they know the families better than anybody, but the sheer volume and how busy they are and it's just too much to expect a general pediatrician to be able to handle and manage all of these types of issues. So, it's just that much more important for parents to speak up and ask for the help. And if it is to the pediatrician and tell them, I'm not expecting you to manage what's going on, but I just need resources. Do I need to go to the emergency department? Should we make an outpatient appointment? It's just such a daunting concept to think of and there are just so many kids out there that we just all need to rally around to try to help

Brenda Vargas: ([19:17](#))

What you said, and I just recently had a conversation with someone else about parenting is one of the toughest jobs that I know of. It humbles us. It brings us to our knees with tears and laughter and everywhere in between. So, I know that parents and people acting as parents that are maybe not the quote unquote, typical parent or caregiver, whoever you are, and you're helping care, feed and clothe and bring shelter to a child in our community. Thank you for the work that you do. We just want them to know that they're not alone. That their struggle is not uncommon. That there are other people that are having some of the same struggles, and Phoenix Children's is a place that they can come to. We will do everything that we can on our end to communicate what services you guys have and how we can best support the student once they're out of crisis and back at school, hopefully sooner the better.

Brenda Vargas: ([20:11](#))

But first and foremost, safe and healthy in all ways. So, Dr. Pickett, I know you and I could probably talk for hours on end, but I know as you stated already, this podcast does have to come to an end, and we just appreciate all that you do for our Phoenix community and thank you. I can speak wholeheartedly. My own son had an actual surgery in 2020 and I had the wonderful experience of being at Phoenix Children's. And I will tell you first class service for sure, and 2020, right? Had its own challenges in itself. You guys certainly put your A plus stamp on the way you delivered care. And I just as a parent that received that service, thank you for the work that you and your team do, and we honor and respect our medical professionals, all of them, because we know just like in education, it's not an easy task. So thank you.

Dr. Anthony Pickett: ([21:05](#))

Well, Brenda, thank you so much for having me. As I mentioned, we've been discussing kind of offline for a while, getting me in here to do the podcast and I'm so glad that it came to fruition. I applaud your efforts and I know kind of before our podcast you mentioned some exciting stuff kind of happening in your neck of the woods. We at Phoenix Children's are just going to continue chugging and plugging along. I mean, it's a super exciting time for us. We're about to open hospitals and satellite emergency departments kind of all over the valley. So hopefully we will be able to do our due diligence to spread our ability to care for those children who need the behavioral healthcare moving forward so they don't have to travel all the way to us downtown. Again, anytime you need me in the future, don't hesitate to ask. I'm always available and willing to participate in your guys podcast.

Brenda Vargas: ([21:54](#))

Thank you, Dr. Pickett and parents and caregivers. Thank you for another edition of CUSD Cares. Until next time.