Preparing Your Office to Support the Emotional, Developmental & Behavioral Needs of Your Patients and Families

MENTAL HEALTH COLLABORATIVE

WEBINAR

MARCH 13, 2018

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
New Jersey Chapter

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Presenters:

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Benefits of Screening and Early Identification of Mental Health Issues in Children

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Epidemiology of Pediatric Mental Health Conditions

- 9.5-14.2% of children ages birth to 5 have Social-Emotional problems interfering with functioning
- 21% of children and adolescents in the U.S. meet diagnostic criteria for MH disorder with impaired functioning
- 16% of children and adolescents in the U.S. have impaired MH functioning and do not meet criteria for a disorder
- 13% of school-aged, 10% of preschool children with normal functioning have parents with "concerns"
- 50% of adults in U.S. with MH disorders had symptoms by the age of 14 years

Categories of Child/Adolescent Mental Health Disorders

Neurodevelopmental Disorders
- Autism Spectrum Disorder*
- Attention Deficit Hyperactivity Disorder*

Depressive and Bipolar Disorders
- Major Depressive Disorder*
- Persistent Depressive Disorder (Dysthymia)
- Bipolar Disorder
- Disruptive Mood Dysregulation Disorder

Anxiety Disorders
- Selective Mutism, Specific Phobia, Separation Anxiety*, Social Anxiety*, Panic Disorder, Agoraphobia, Generalized Anxiety

Categories of Child/Adolescent Mental Health Disorders

Disruptive, Impulse Control, and Conduct Disorders

- Oppositional Defiant Disorder*
- Intermittent Explosive Disorder
- Conduct Disorder*

Trauma and Stressor-Related Disorders

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Posttraumatic Stress Disorder

Feeding and Eating Disorders

- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder

Opportunity for Early Identification of Patients with Mental/Behavioral Concerns

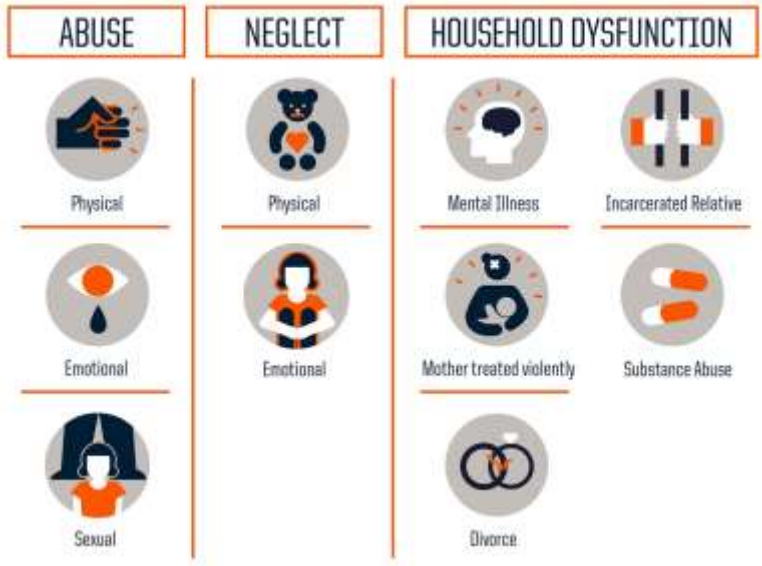
Median age of onset of . . .

- Anxiety disorder = 6 years old
- Behavior disorder = 11 years old
- Mood disorder = 13 years old
- Substance abuse = 15 years old

- **The average delay between onset of symptoms and intervention is 8 to 10 years**

Adverse Childhood Experiences

Three Types of ACEs:



Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

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Impact on Primary Care

"By 2020-2030, it is estimated that up to 40% of patient visits to pediatricians will involve long-term chronic disease management of physical and psychological/behavioral conditions."

"In 2020 pediatricians have a wider array of skills including more in-depth knowledge of, and comfort treating, behavioral, developmental, and mental health concerns. Medical education includes mental health interventions, which are now an established aspect of pediatric care."

-AAP Task Force on the Vision of Pediatrics 2020

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Barriers to Enhancing MH Care in Primary Care Settings:

- Ambivalence / variability
- Discomfort
- Time constraints
- Poor payment
- Variable access to MH specialty resources
- Administrative barriers to MH services
- Limited information exchange with MH specialists
- Children and families' reluctance to seek MH specialty care

Integrating Behavioral Health into Pediatric Primary Care for Young Children and Families

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Parents' Top Reasons for Attending Well-Care Visits

Promoting Health

- ✓ Immunizations
- ✓ Screening
- ✓ Referrals

Requirements

- ✓ School, child care, sports

Reassurance

- ✓ Is my child okay?
- ✓ Am I doing okay as a parent?

Opportunities for Discussion

- ✓ Parent priorities are key

McCune et al reported that 81% of parental questions for pediatricians concerned psychosocial issues. In their study, parenting issues were parents' predominant concern: **70% of mothers were more worried about some aspect of their parenting or their child's behavior** than they were about their child's physical health

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Promotion Opportunities Within the Clinical Setting

- Encourage families to consider emotional development prior to visit (by using questionnaires, DVDs, newsletters, community events, parent groups etc.)
- Develop or promote a mental health section on your Web site (include questions, facts, resources etc.)
- Hang posters and other materials to help reduce stigma on mental/behavioral health disorders, and encourage families to ask about a child's social-emotional health as well as physical health.

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Social Emotional Development: What is Early Childhood Mental Health?

- Inter-relatedness of domains
- Intimately tied to caregivers mental health
- Core tasks: Attachment, Behavior, Competence
- The social, emotional and behavioral well-being of young children and their families
- The developing capacity to experience, regulate, express emotion
- Form close, secure relationships
- Explore the environment and learn

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Pediatricians have many opportunities to identify mental/behavioral health and substance use issues throughout the relationship with their patients

- Via anticipatory guidance, standardized screening, promoting positive parenting, connecting families to treatment, interventions, community support and resource referrals, etc.

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Screening

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Surveillance vs. Screening vs. Evaluation

SURVEILLANCE	SCREENING
Informal way to see what is going on with a family. •Eliciting and attending to parent concerns: "How are things going at home, at school, with friends?" •Making informed observations •Identifying risk & protective factors	***Using a validated, standardized screening tool at designated intervals to help identify children with developmental delays, social, emotional and/or behavioral issues.***

EVALUATION/ASSESSMENT

Aimed at identifying specific mental health disorder affecting child – diagnostic!

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The Importance of Standardized Screening

1) Not all cases will be identified via routine interview, or "eye-balling" patient/ family . . .

- 70-80% of children with developmental problems will be missed if a standardized approach is not applied.
- Alternatively, if a structured, standardized instrument is used, 70-80% will be identified.

2) Parents Often Underestimate Symptoms

- Children may withhold complaints because of concerns they are abnormal, or to protect parents who are upset
- Parents may not think professionals are interested or assume "normal reactions to abnormal event"
- Stigma related to mental illness

AAP Periodic Survey #53, 2002

Does Screening Mean Becoming an Expert in Mental Health?

No! Screening is looking at the whole population to identify those at risk. Identified children are referred for assessment. Assessment determines the existence of a mental health issue which generates a decision regarding intervention.

How might screening look in your practice?

Pediatric Well Visit

Initial Mental/Behavioral Health Screening

- **Front desk hands out the screening tool**
- **Nurse scores it before doctor sees patient**

Optional: Based on results, possible secondary screening
(this can be done by Hub as well, based on provider preference)

Based on results, discussion with parent and possible decision to refer to Hub

Hub reviews referral, performs intake with family, and makes recommendations for further referrals, or other services

Social Emotional Screening for Babies, Toddlers, and Preschoolers

SWYC - Survey of Wellbeing of Young Children:

- Comprehensive surveillance or first-level screening instrument for routine use in regular well child care
- Covers developmental milestones and social/emotional development
- Combines what is traditionally "developmental" with traditionally "behavioral" screening
- Freely-available, takes 10-15 minutes to complete, for ages 2 months – 60 months

Tufts University School of Medicine, http://www.theswyc.org/

Parts of the SWYC

- Developmental Milestones questions include indicators of fine and gross motor, language, social, and cognitive development.
- Baby Pediatric Symptom Checklist (BPSC) – a social/emotional screening instrument for children *under 18 months of age*.
- Preschool Pediatric Symptom Checklist (PPSC) – a social/emotional screening instrument for children *18-60 months of age*.
- Parent's Observations of Social Interactions (POSI) – a 7-item screening tool for Autism Spectrum Disorders.

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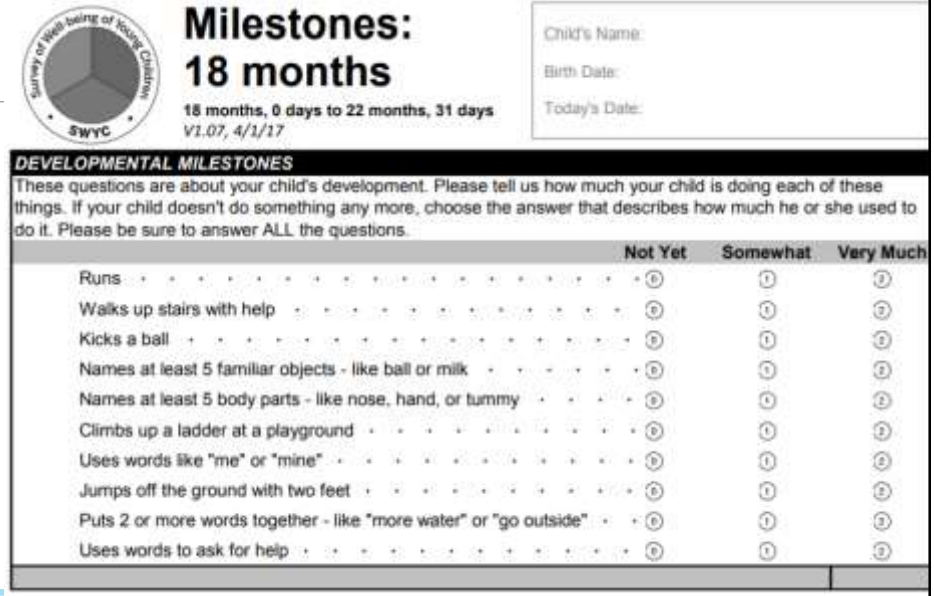
Sample Milestone Questionnaire:



Milestones: 18 months

18 months, 0 days to 22 months, 31 days

V1.07, 4/1/17

Child's Name:
Birth Date:
Today's Date:

DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Runs	0	1	2
Walks up stairs with help	0	1	2
Kicks a ball	0	1	2
Names at least 5 familiar objects - like ball or milk	0	1	2
Names at least 5 body parts - like nose, hand, or tummy	0	1	2
Climbs up a ladder at a playground	0	1	2
Uses words like "me" or "mine"	0	1	2
Jumps off the ground with two feet	0	1	2
Puts 2 or more words together - like "more water" or "go outside"	0	1	2
Uses words to ask for help	0	1	2

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Scoring for SWYC Milestones

- Score each item
  - Not yet= 0
  - Somewhat = 1
  - Very much = 2
- Add items 1-10
- Match actual age in far left column, next to age-specific form completed for the patient
- Note if score appears to meet age expectations, or "needs review"

FORM	Age (m)	Needs Review	Appears to meet age expectations
2m	1 - 3	No Milestones cut scores available	
4m	4	≤13	≥14
	5	≤15	≥16
6m	6	≤11	≥12
	7	≤14	≥15
	8	≤16	≥17
9m	9	≤11	≥12
	10	≤13	≥14
	11	≤14	≥15
12m	12	≤12	≥13
	13	≤13	≥14
	14	≤14	≥15
15m	15	≤10	≥11
	16	≤12	>13
	17	≤13	≥14
18m	18	≤8	≥9
	19	≤10	≥11
	20	≤11	≥12
	21	≤13	≥14
	22	≤14	≥15
24m	23	≤10	≥11
	24	≤11	≥12
	25	≤12	≥13
	26	≤13	≥14
	27	≤14	≥15
	28	≤15	≥16

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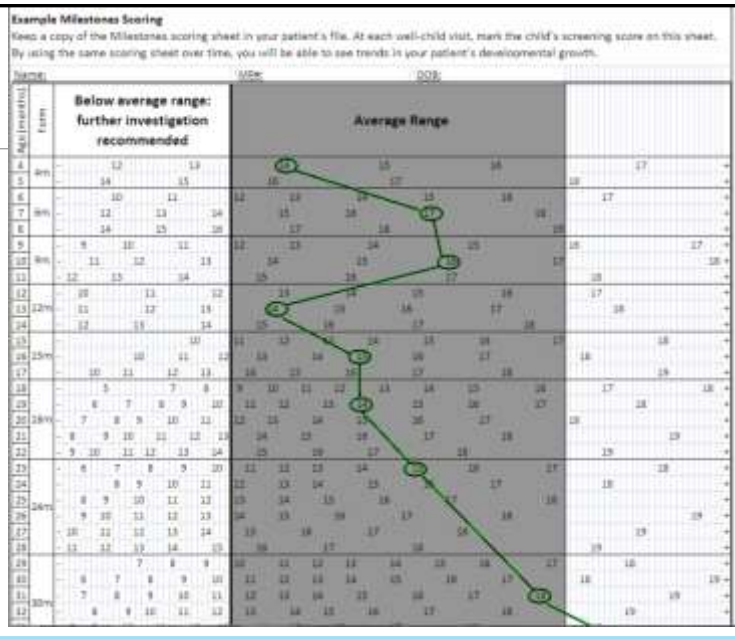
Longitudinal tracking of developmental milestones



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Case 1: Clara Maas

Clara is an 18 month old girl who you have followed since birth presenting for well child care

Her mother was also your patient. She is now 22 years old and has transitioned to an adult provider

Clara recently started day care and her mother expresses concerns about recent upper respiratory infections

How might surveillance and screening look?

- As part of developmental surveillance you ask “Do you have any specific concerns about your child’s development, learning or behavior?”
- The mother replies “no”
- The front desk handed mother the SWYC which she completed in the waiting room and the medical assistant scored it after obtaining weight and height
- You review the results

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Case 1: Clara Maas

SWYC: 18 months

18 months, 0 days to 22 months, 31 days
V1.01 3/31/15

Child's Name: Clara Maas
Birth Date: 11/4/2013
Today's Date: 5/6/15

DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Runs	0	1	2
Walks up stairs with help	0	1	2
Kicks a ball	0	1	2
Names at least 5 familiar objects - like ball or milk	0	1	2
Names at least 5 body parts - like nose, hand, or tummy	0	1	2
Climbs up a ladder at a playground	0	1	2
Uses words like "me" or "mine"	0	1	2
Jumps off the ground with two feet	0	1	2
Puts 2 or more words together - like "more water" or "go outside"	0	1	2
Uses words to ask for help	0	1	2

Raw score: 6

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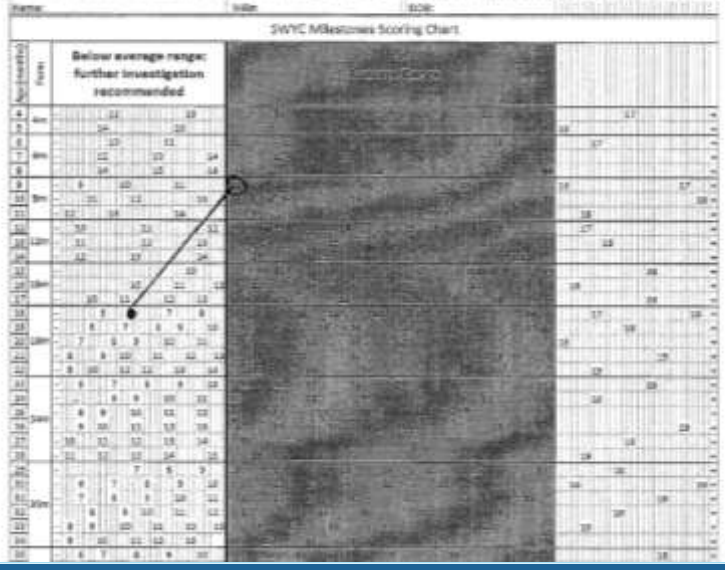
Interpretation:

If a child scores in the 'Below Average for Age' range, we recommend further evaluation or investigation.



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Now what?

You communicate the results

Mother replies, "Kids talk at their own pace right? Is this really a big deal?"

A Closer Look – SWYC (Preschool Pediatric Symptom Checklist)

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

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.

		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 trouble paying attention?	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

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Case Presentation – Using the **SWYC** (PPSC)

"Robert W. Johnson" –

3 year old presents for a well child visit with aggressive behavior, as reported by teacher to parents, and as experienced by parents at home.

Case Presentation – Using the **SWYC** (PPSC)

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

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.

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

Score: 16

Scoring of the SWYC (PPSC)

- **Scoring Instructions:**
  - Not at all = 0
  - Somewhat = 1
  - Very much = 2
  - For items where parents have selected multiple responses for a single question, choose the more concerning answer (i.e. "somewhat" or "very much") farthest to the right.
  - A missing item counts as zero.

- **Interpretation:**
  - A PPSC total score of 9 or greater indicates that a child is "at risk" and needs further evaluation.

Pediatric Symptom Checklist (PSC-35, Y-PSC)

- A psychosocial screen and functional screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible.
- Assessment can be used for ages 6 to 18
- Available in multiple languages and a pictorial version
- Parent version (PSC-35) available for young children ages 6 and up and Youth version for self-assessment (Y - PSC) from age 11 and up.

http://www.massgeneral.org/psychiatry/services/psc_scoring.aspx

Pediatric Symptom Checklist (PSC-35)

BRIGHT FUTURES TOOL FOR PROFESSIONALS

Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:

		Never	Sometimes	Often
1. Complains of aches and pains	1			
2. Spends more time alone	2			
3. Tires easily, has little energy	3			
4. Fidgety, unable to sit still	4			
5. Has trouble with teacher	5			
6. Less interested in school	6			
7. Acts as if driven by a motor	7			
8. Daydreams too much	8			
9. Distracted easily	9			
10. Is afraid of new situations	10			
11. Feels sad, unhappy	11			
12. Is irritable, angry	12			
13. Feels hopeless	13			

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Pediatric Symptom Checklist (Y-PSC)

BRIGHT FUTURES TOOL FOR PROFESSIONALS

Pediatric Symptom Checklist—Youth Report (Y-PSC)

Please mark under the heading that best fits you:

		Never	Sometimes	Often
1. Complain of aches or pains	1			
2. Spend more time alone	2			
3. Tire easily, little energy	3			
4. Fidgety, unable to sit still	4			
5. Have trouble with teacher	5			
6. Less interested in school	6			
7. Act as if driven by motor	7			
8. Daydream too much	8			
9. Distract easily	9			
10. Are afraid of new situations	10			
11. Feel sad, unhappy	11			
12. Are irritable, angry	12			
13. Feel hopeless	13			
14. Have trouble concentrating	14			
15. Less interested in friends	15			
16. Fight with other children	16			

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Scoring the Pediatric Symptom Checklist (PSC-35, Y-PSC)

- 35 items, rated "Never", "Sometimes", or "Often"
- Scored 0, 1, 2 respectively
- For the total score, the cut-offs are as follows:
  - Ages 6-18: score >/= 28 is significant
  - Y-PSC: score >/= 30 is significant
- Items left blank are ignored (score = 0); 4 or more blank = invalid questionnaire.
- Aside from total score, PSC also has three subscales.

PSC Subscale Scoring

- Attention Subscale:
  - Sum responses to items 4, 7, 8, 9, 14
    - 7 or higher is considered significant
- Internalization Subscale (Mood/Anxiety Symptoms):
  - Sum responses to items 11, 13, 19, 22, and 27
    - 5 or higher is considered significant
- Externalization (ODD / Conduct Disorder):
  - Sum responses to items 16, 29, 31, 32, 33, 34, and 35
    - 7 or higher is considered significant

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The CRAFFT

- The CRAFFT is a behavioral health screening tool validated for use with adolescents ages 12-18.
- It is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents.
- It consists of a series of 9 questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously.
- Meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted.

The CRAFFT

- CRAFFT is a mnemonic acronym of first letters of key words in the six screening questions. The questions should be asked exactly as written.

C - Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

R - Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A - Do you ever use alcohol/drugs while you are by yourself, **ALONE**?

F - Do you ever **FORGET** things you did while using alcohol or drugs?

F - Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

T - Have you gotten into **TROUBLE** while you were using alcohol or drugs?

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The CRAFFT *(continued)*

- Can use either the Self-administered version or Clinician Interview version
- Screening using the Clinician Interview version begins by asking the adolescent to "Please answer these next questions honestly"; telling him/her "Your answers will be kept confidential"; and then asking three opening questions.
- If the adolescent answers "No" to all three opening questions, the provider only needs to ask the adolescent the first question - the CAR question.
  - If the adolescent answers "Yes" to any one or more of the three opening questions, the provider asks all six CRAFFT questions.

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CRAFFT Questionnaire 2.1

(self-administered)

The CRAFFT Questionnaire (version 2.1)

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the PAST 12 MONTHS, on how many days did you:

1.	Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.	# of days
2.	Use any **marijuana** (weed, oil, or hash, by smoking, vaping, or in food) or "**synthetic marijuana**" (like "K2," "Spice") or "vaping" **THC oil**? Put "0" if none.	# of days
3.	Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none.	# of days

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- **If you put "0" in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.**
- **If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.**

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Communicating Results & Next Steps

Communicating Results:

1. Attend to parent/patient concerns
2. Communicate concerns in the context of specific patient and family strengths

Next steps:

1. Delineate clear action steps
2. Discuss a "fall back" plan
3. Provide ongoing support

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Next Steps – Resources and Referral

Link families to resources and referral sources:

- Anticipatory guidance – parent resource handouts on social emotional development and mental/behavioral health concerns from Zero to Three/AAP and Bright Futures – available on our website
- Consider PPC Hub Referral
- Consider other resources such as PerformCare

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Factors to Consider in Hub Referrals

- Screening tool results are positive
- Parent has concerns regarding their child/adolescent's social, emotional, or developmental health (regardless of screening outcome)
- You have concerns regarding the child/adolescent's social, emotional, or developmental health (regardless of screening outcome)
- You feel a psychiatric medication is warranted at this time
- You have questions regarding mental health symptoms or diagnosis

Strategies: What Works for Families

At the individual family level:

- Understand the early stages of emotional turmoil for families;
- Help the family to understand how to access MH services and supports;
- Provide the family with resources – they will want to learn more; and
- Link the family with a family advocacy organization so that they know they are not alone.

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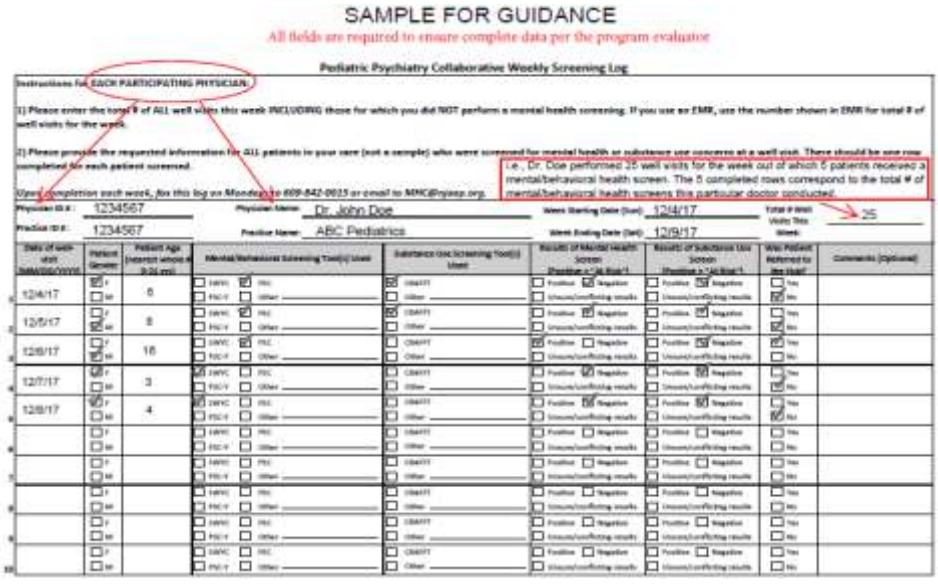
Physician Weekly Screening Log

- Your timely submission is key!



SAMPLE FOR GUIDANCE

All fields are required to ensure complete data per the program evaluator

Pediatric Psychiatry Collaborative Weekly Screening Log

Instructions for EACH PARTICIPATING PHYSICIAN:

1) Please enter the total # of ALL well visits this week INCLUDING those for which you did NOT perform a mental health screening. If you use an EMR, use the number shown in EMR for total # of well visits for the week.

2) Please provide the requested information for ALL patients in your care (not a sample) who were screened for mental health or substance use concerns at a well visit. There should be one row completed for each patient screened.

Weekly completion each week, fax this log to Monday to 609-842-0025 or email to MHC@njaap.org

i.e., Dr. Doe performed 25 well visits for the week out of which 5 patients received a mental/behavioral health screen. The 5 completed rows correspond to the total # of mental/behavioral health screens this particular doctor conducted.

Physician ID #: 1234567 | Physician Name: Dr. John Doe | Week Starting Date (Sun): 12/4/17 | Total # Well Visits This Week: 25

Practice ID #: 1234567 | Practice Name: ABC Pediatrics | Week Ending Date (Sat): 12/9/17

Date of well visit (MM/DD/YYYY)	Patient Gender	Patient Age (record whole # 0-24 mo)	Mental/Behavioral Screening Tool(s) Used	Substance Use Screening Tool(s) Used	Results of Mental Health Screen (Positive = CAN Rule)	Results of Substance Use Screen (Positive = CAN Rule)	Was Patient Referred for Dx/ Tx?	Comments (Optional)
12/4/17	F	6	PSC	CRAFFT	Negative	Negative	No	
12/5/17	F	8	PSC	CRAFFT	Negative	Negative	No	
12/6/17	F	16	PSC	CRAFFT	Positive	Negative	Yes	
12/7/17	F	3	SWYC	CRAFFT	Negative	Negative	No	
12/8/17	F	4	SWYC	CRAFFT	Negative	Negative	No	

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Questions?

Please contact:

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