The Why & How: PPC Approved Screening Tools for Identifying Social/Emotional, Behavioral, Substance Use and Suicide Concerns in the Pediatric Primary Care Setting

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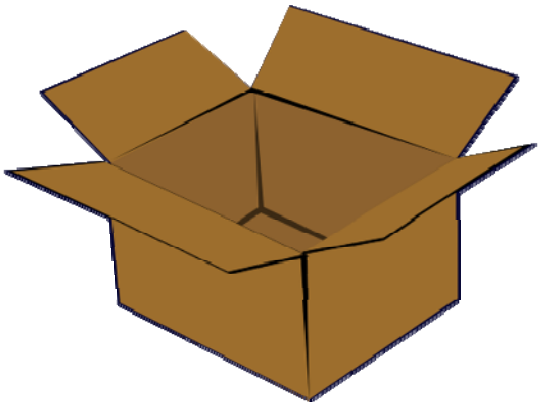
There Are No Disclosures



Mental/Behavioral Health & Substance Use Screening in Primary Care

Outline:

- Why integrate mental/behavioral health in the pediatric medical home?
- An in-depth look at PPC approved primary mental/behavioral health screening tools & how to score
  - SWYC
  - PSC-35, Y-PSC-35, Y-PSC-37
    - C-SSRS
  - CRAFFT 2.1
- Incorporating mental/behavioral health and substance use screening and anticipatory guidance in your busy practice
- Talking to families about mental/behavioral health and substance use screening

Why Address Mental Health Issues in the Pediatric Medical Home?

- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24
- **The average delay between onset of symptoms and intervention is 8 to 10 years**

Overall goal:

To identify mental/behavioral health and substance use concerns of your patients earlier and reduce the gap between identification of a problem and treatment initiation.

The "Primary Care Advantage"

- Longitudinal, trusting relationship
- Family centeredness
- Unique opportunities for prevention & anticipatory guidance
- Understanding of common social-emotional & learning issues in context of development
- Experience in coordinating w/specialists in care of children & youth w/ special health care needs (CYSHCN)
- Familiarity with chronic care principles & practice improvement methods
- Comfort with diagnostic uncertainty (e.g., fever)

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Pediatrician's Role

National Alliance of Mental Illness's (NAMI) suggests that parents who are concerned about the mental health of their child.....

TALK WITH THEIR PEDIATRICIANS

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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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Barriers to Universal Mental Health Screening

- Time, time, time
- "One more thing"
- Payment
- Education and knowledge
- Perceived or real lack of community resources
- "I've identified an issue, now what?"

Mental/Behavioral Health 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!

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

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 or MA 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

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Mental/ Behavioral Health Screening Tools for Children & Adolescents

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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 – 5 years

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

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Why Use the SWYC?

- Four components have been compared statistically to a well-respected screening instrument (ASQ-3 and ASQ-SE), and to parents' reports of developmental-behavioral diagnoses
- One has been compared to the Child Behavior Checklist (CBCL), a frequently used parent report of symptoms of behavioral/emotional disorders.
- Adds screening for **autism, parental depression and other family risk factors**
- Designed to be used as a single package, and to be used regularly over the course of health supervision

Parts of the SWYC

- 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.
- Developmental Milestones questions include indicators of fine and gross motor, language, social, and cognitive development.

SWYC - Milestones

10 developmental milestones items on each age-specific SWYC form:

- First few items on each form are “easier” skills that most children will be doing
- Skills become more challenging as list goes on
- Most children will not be able to do all ten skills listed at any particular age.

•“Reach questions” accounted for -

• What you can say to parents: *“This questionnaire is a tool that helps us monitor (child’s name)’s development and behavior. Don’t worry if he or she is not doing all of the things this questionnaire asks about – most children can’t do every skill described. ”*

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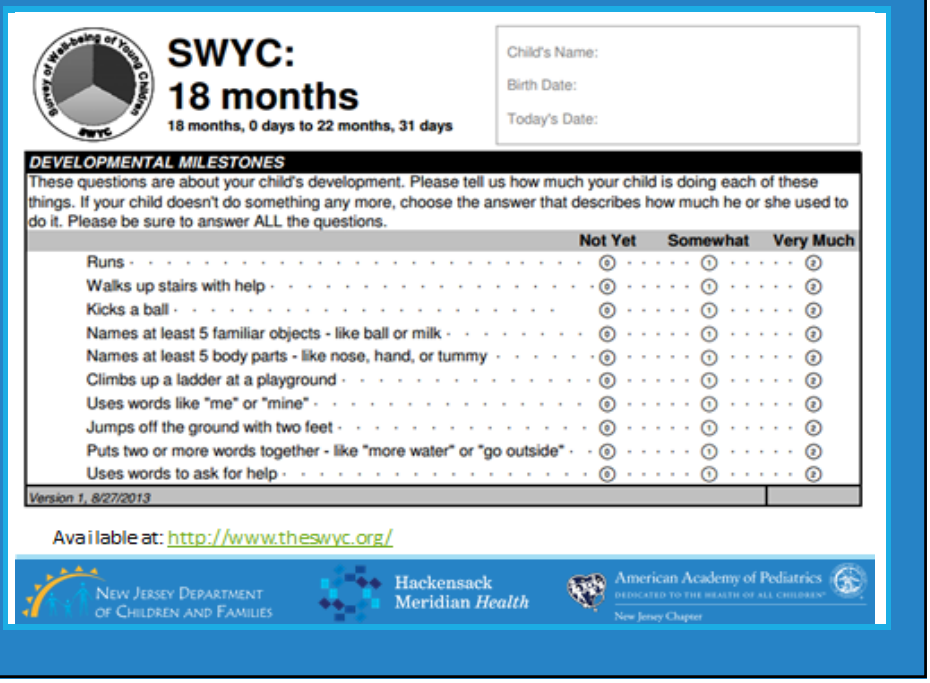

SWYC: 18 months

18 months, 0 days to 22 months, 31 days

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 two or more words together - like "more water" or "go outside"	0	1	2
Uses words to ask for help	0	1	2

Version 1, 8/27/2013

Available at: http://www.theswyc.org/

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SWYC Scoring - Milestones

- Score each item
  - Not yet= 0
  - Somewhat = 1
  - Very much = 2
- Add items 1-10
- Match age in far left column
- "Below average" requires further evaluation

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

Design of the SWYC

- Children with real issues are less likely to be missed
- Positive score indicates risk not a diagnosis; if no major concerns, check for improvements at scheduled follow-up.
- Conversation with parent can create necessary dialogue

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SWYC - Edinburgh

Edinburgh Postnatal Depression Scale (EPDS):

- Completed by the mother: 1 month, 2 month, 4 month, and 6 month well child visits
- Simple 10 multiple choice questions
- Score of 10 or greater indicates possible depression
- English and Spanish
- Sensitivity – 86%; Specificity – 78%

Edinburgh, Follow-Up

Need for Action:

If score is 20 or greater or the answer to question 10 is yes, or If the mother expresses concern about her or her baby's safety, or If the provider suspects the mother is suicidal, homicidal, severely depressed/manic or psychotic . . .

- Refer Mom to emergency mental health services
- Be sure Mom leaves with a support person (not alone) and has a safety plan

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Edinburgh, Follow-Up (*Cont'd)*

General Concerns:

- Communication
- Demystification
- Support Resources – family, community
- Referrals: OBGYN, PCP, Mental/Behavioral Health services
- Targeted prevention and early intervention for child as needed

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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SWYC Scoring - (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.

For older children and adolescents: 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			

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Pediatric Symptom Checklist (PSC-35, Y-PSC-37, 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 to 11 and Youth version for self-assessment (Y - PSC) from age 11 and up.

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

Why Use the PSC?

- **The AAP has called for pediatricians to consider mental health during all well child visits using validated, reliable measures like the PSC**
- **Endorsed by the National Quality Forum as a national standard of care**
- **One of the most frequently recommended instruments for children with both Medicaid and commercial health insurance**
- **Clear majority of studies have shown the PSC's usefulness as a marker for psychosocial dysfunction**
- **Congruent with the philosophy behind screening and the concept of a medical home**
- **Designed to fit into the work flow of a primary care practice and to alert families that the pediatrician is interested in psychosocial and emotional issues**

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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			

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Y-PSC-37 Teen Screen

Questions 36 & 37:

36. During the past 3 months, have you thought about killing yourself?

37. Have you ever tried to kill yourself?

Suicidality - If either question is endorsed, further assess for suicidal thinking, behavior and depression.

- Recent suicide ideation
- Prior suicide attempt

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Y-PSC-37 Teen Screen

A Survey From Your Healthcare Provider — PSC-Y

Name	Date	ID

	Please mark under the heading that best fits you or circle Yes or No	Never 0	Sometimes 1	Often 2
-	1. Complain of aches or pains			
-	2. Spend more time alone			
-	3. Tire easily, little energy			
●	4. Fidgety, unable to sit still			
-	5. Have trouble with teacher			
-	6. Less interested in school			
●	7. Act as if driven by motor			
◆	36. During the past three months, have you thought of killing yourself?		Yes	No
◆	37. Have you ever tried to kill yourself?		Yes	No

●= A≥7 ▲= I≥5 ■= E≥7 | Note — the sub scores do not impact the overall score; they are for interpretation purposes only.

TS _____

Q 36 or Q 37=Y ◆ TS≥ 30

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Plan for Follow-up ☐ Annual screening ☐ Return visit w/ PCP ☐ Referred to counselor
☐ Parent declined ☐ Already in treatment ☐ Referred to other professional

Source: Pediatric Symptom Checklist – Youth Report (PSC-Y)

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Scoring the Pediatric Symptom Checklist
(PSC-35, Y-PSC-35, Y-PSC-37)

- 35/37 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
  - Y-PSC-37: score >/= 30 or positive response to Q 36 or 37
- Items left blank are ignored (score = 0), 4 or more blank = invalid questionnaire
- Aside from total score, PSC also has three subscales

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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

How to address a positive response to Questions 36 & 37 on the Y-PSC-37

- Utilize a step by step evaluation of severity of suicidal ideation
  - Does the patient have a plan (How would he or she do it)?
  - Does the patient have the means to carry out suicide (i.e. access to gun, knife, medication, rope, etc.)
  - Does the patient have the urge or intent to harm themselves?
- Provide information regarding 24/7 suicide hotlines
- Provide location and contact information for local crisis center or respective county's Child Mobile Response Crisis Unit
- Have parents take child/adolescent to emergency room if you feel patient is in danger of hurting themselves or suggest they call 911/ Children's Mobile Response

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Columbia-Suicide Severity Rating Scale (C-SSRS) - http://cssrs.columbia.edu/

- **Simple -** Anyone can use it, including counselors, nurses, teachers, students, coaches, resident assistants, and social workers.
- **Efficient -** Redirects resources to where they're needed most and reduces unnecessary referrals and interventions
- **Effective -** Real-world experience and data show that the scale has helped prevent suicide.
- **Free -** Available free of charge for use in community and healthcare settings
- **Universal -** For all ages and special populations, available in more than 100 languages
- **Evidence-supported -** Validated to access suicide risk

***Screening with the C-SSRS is recommended, not required**

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Ask questions that are in bold and underlined.	Past month	
Ask Questions 1 and 2	**YES**	**NO**
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you had any actual thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** e.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** as opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	**Lifetime**	
If YES, ask: ***Was this within the past 3 months?***	**Past 3 Months**	

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Response Protocol to C-SSRS Screening

- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Item 4 Behavioral Health Consultation and Patient Safety Precautions
- Item 5 Behavioral Health Consultation and Patient Safety Precautions
- Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

CRAFFT 2.1

- Behavioral health screening tool for use with children under the age of 21
- Recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents
- Consists of a series of 6 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

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CRAFFT 2.1 *(continued)*

- Screening using the CRAFFT 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.

CRAFFT 2.1 *(continued)*

- **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?

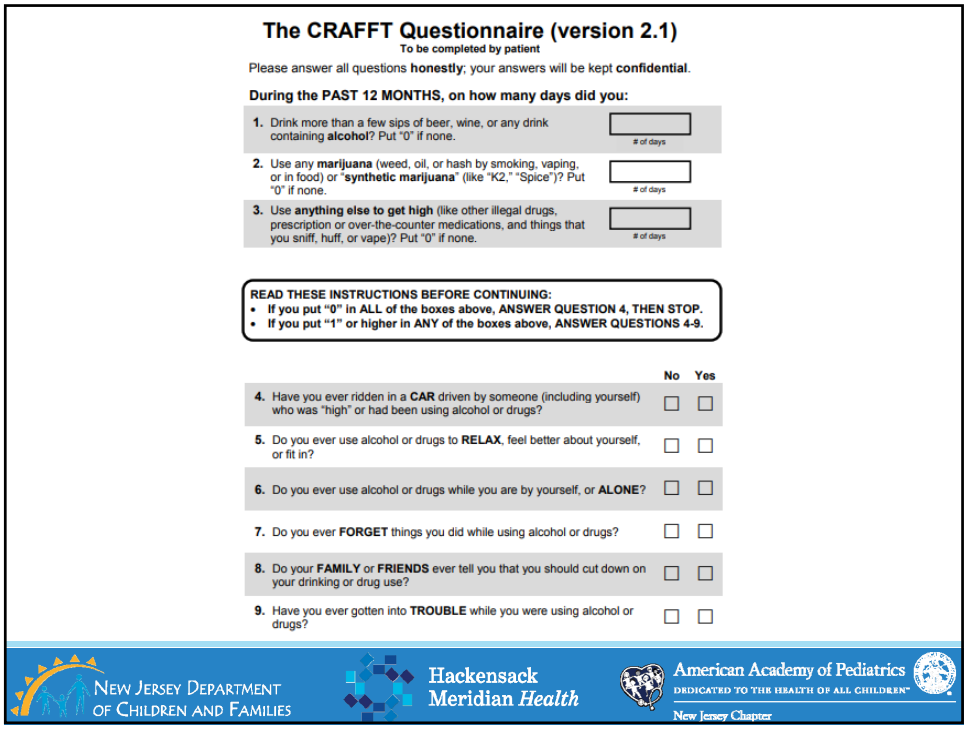
R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

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?



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:

		# of days
1.	Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.	
2.	Use any **marijuana** (weed, oil, or hash by smoking, vaping, or in food) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.	
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.	

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.**

		No	Yes
4.	Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
5.	Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?	☐	☐
6.	Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?	☐	☐
7.	Do you ever **FORGET** things you did while using alcohol or drugs?	☐	☐
8.	Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?	☐	☐
9.	Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?	☐	☐

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Why Use the CRAFFT 2.1?

- AAP recommends that pediatricians include discussion of substance use as a part of routine health care and as part of ongoing anticipatory guidance
- Well-validated, widely-utilized, reliable, and developmentally appropriate tool for accomplishing the recommended yearly substance use screening
- Simultaneously screens adolescents for high risk alcohol and other drug use disorders
- Quick, effective way 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
- Sensitivity of 96% and specificity of 81% for detecting past-12-month use of any substance

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Making This Work in Your Practice

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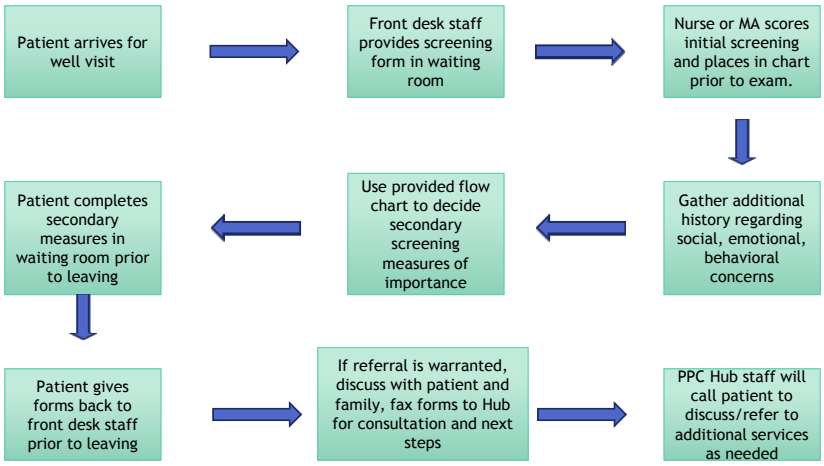
Office Flow



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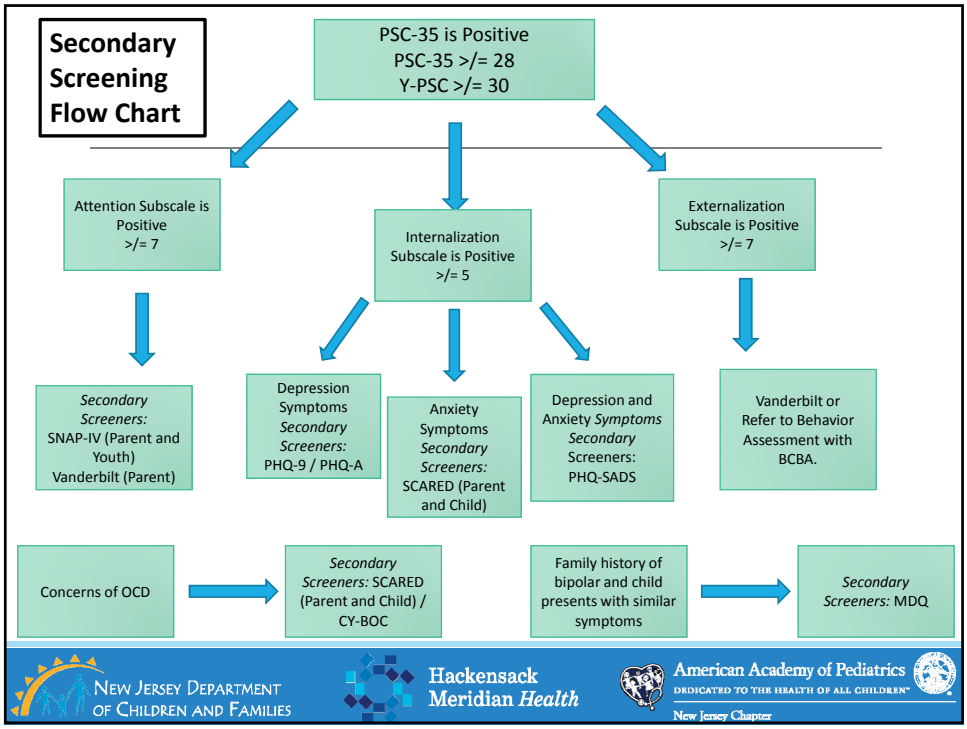

Considerations for Implementation

- Set a goal
- Choose a screening tool to start with
- Assess your work flow, including EMR if applicable
- Identify roles for your practice team members
- Set up a plan for tracking
- Get to know community providers

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Tips for Communicating Results

- Attend to parent concerns
- Clear communication
- Communicate concerns within the context of specific strengths
- Delineate clear action steps
- Provide ongoing support

Linking to the Pediatric Psychiatry Collaborative

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Pediatric Psychiatry Collaborative

Regional Hubs

Legend

- Atlantic Health Hub @ Newton Medical Center
- Atlantic Health Hub @ Goryeb Children's Hospital
- Hackensack Meridian Hub @ Hackensack University Medical Center
- Hackensack Meridian Hub @ Palisades Center
- Hackensack Meridian Hub @ Saint Peter's Family Health Center
- Hackensack Meridian Hub @ Jersey Shore University Medical Center
- Cooper Hub @ Cooper University Medical Center
- Cooper Hub @ Pennsville

**Essex County served by Rutgers University Behavioral Health Care.*

Hackensack Meridian *Health*
Cooper University Health Care
The Children's Hospital at Saint Peter's University Hospital — Treating you better...for life.
Atlantic Health System Goryeb Children's Hospital
St. Joseph's Health St. Joseph's Children's Hospital
American Academy of Pediatrics New Jersey Chapter

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Collaborative Hub Procedure

- Referring to the Hub: After required routine screening and/or based on clinical judgement following the exam, providers can fax the PPC Hub. Providers should send a complete referral form, screening tools, and any other clinically relevant information.
- What Does the Hub Staff Need? All of the information the PPC Hub staff needs is on the referral form, including relevant background information, current clinical picture, demographic information, and reason for referral. Some providers may choose to send notes from previous visits as well, which can be very helpful, but is not required.
- Communicating with the Family: Please be sure you have discussed the PPC Hub with the patient and family prior to faxing a referral to the PPC Hub, so that the family is aware that a Hub staff psychologist/LCSW/other mental health specialist will be contacting them to discuss current concerns and suggestions for support/treatment.

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Collaborative Hub Procedure *(Continued)*

- What will the PPC Hub Staff Do? Hub staff will call the patient's family and complete a clinical intake. The family will discuss their main concerns. Case managers will evaluate for severity and level of care. Depending on the patient's needs, Hub staff will:
  - **Recommend** an appropriate level of care (inpatient, PHP, IOP, or outpatient) - the family is sent a list of referrals for therapy services to address current mental health concerns.
  - Match the patient with a therapist based on their insurance and geographical location – the referrals are researched by staff psychologists/LCSWs, and most often accept patient insurance.
- "Closing" the Loop: Hub staff will communicate with you, sending you notes on what occurred with the family. They will also encourage the family to call them back if they need another resource. Hub staff will also follow-up with referred families 3 and 9 months after initial referral.

Take Away Messages

- Educate and partner with families to help link them to services
- Simplify the referral process for families when you can – the PPC is available to help
- Be aware of families with low health literacy
- Create a work flow for your practice

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Take Away Messages

- It is important to use formal screening measures in addition to observation and to identify psychosocial needs
- Having parents/patients complete a simple questionnaire may improve the accuracy of the screening process while empowering them and conserving valuable professional resources
- Parents/patients can use this as an opportunity to provide information that they would have otherwise not shared
  - Screening may encourage families to provide more complete information, and requires only a small investment of professional time
- A further advantage to screening using a parent-report measure like the PSC is heightening physicians' awareness and facilitating parent-physician discussions of pediatric mental health

Questions?

Please contact:

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