

# Approaching Pediatric Mental Health Disorders in Primary Care

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Teresa Blaskovich MD

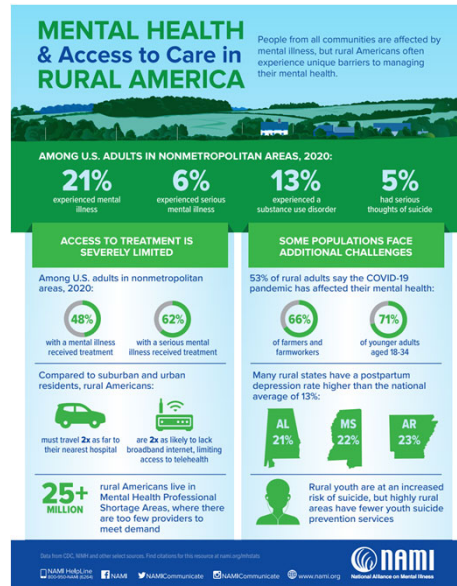
## Objectives

- Discuss the importance of primary care providers in identifying and managing mental health disorders.
- Identify common pediatric mental health diagnoses.
- Understand how to incorporate pediatric mental health care into a busy practice.
- Understand how to screen and assess for common pediatric mental health disorders.
- Identify strategies that may improve pediatric patient outcomes in the primary care practice setting.
- Discuss behavioral health integration.
- Discuss further training to improve management.

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- The unique role of pediatricians in mental health care stems from the “primary care advantage,” which is a developmental mind-set, and their role at the frontlines of children’s health care.
  - Longitudinal relationship
  - Prevent throughout education and anticipatory guidance.
  - Intervene in a timely way.

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## Case

- 6yo F presents for behavioral concerns during her well visit. She was initially seen for emotional dysregulation and outburst when she was 4 years old. She started occupational therapy, worked on structure and behavior appeared to improve.
- Now she is in first grade and behavior has significantly worsened. Struggles to follow directions and is disruptive to her class. Aggression is also much worse. Will scream and throw things when there are minor changes to her schedule at home. Kids at school will not play with her because she refuses to comply with any rules to games. Hits siblings and parents. Teachers have described no learning concerns, but opposition to completing work. Lies and manipulates to get her way. Has appeared more down in the last few weeks. Made a self-harm statement to her mom and counselor. States that everyone hates her and she just wants to go away. Parents separated recently. There are different expectations at each house.

## Case

- Initial thoughts?

6yo F presents for behavioral concerns during her well visit. She was initially seen for emotional dysregulation and outburst when she was 4 years old. She started occupational therapy, worked on structure and behavior appeared to improve.

Now she is in first grade and behavior has significantly worsened. Struggles to follow directions and is disruptive to her class. Aggression is also much worse. Will scream and throw things when there are minor changes to her schedule at home. Kids at school will not play with her because she refuses to comply with any rules to games. Hits siblings and parents. Teachers have described no learning concerns, but opposition to completing work. Lies and manipulates to get her way. Has appeared more down in the last few weeks. Made a self-harm statement to her mom and counselor. States that everyone hates her and she just wants to go away. Parents separated recently. There are different expectations at each house.

## Common pediatric mental health diagnoses

- ADHD
- Anxiety disorders
- Autism spectrum disorder
- Depression
- Developmental delays
- Gender identity, sexual orientation
- Genetic disorders with associated psychiatric symptoms
- Learning disorders
- Mood disorders
- PTSD
- Tics and Touretts
- Sleep disorders
- Suicidality

# Objectives

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POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children



## Mental Health Competencies for Pediatric Practice

Jane Meschan Foy, MD, FAAP; Cori M. Green, MD, MS, FAAP; Marian F. Earls, MD, MTS, FAAP; COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, MENTAL HEALTH LEADERSHIP WORK GROUP

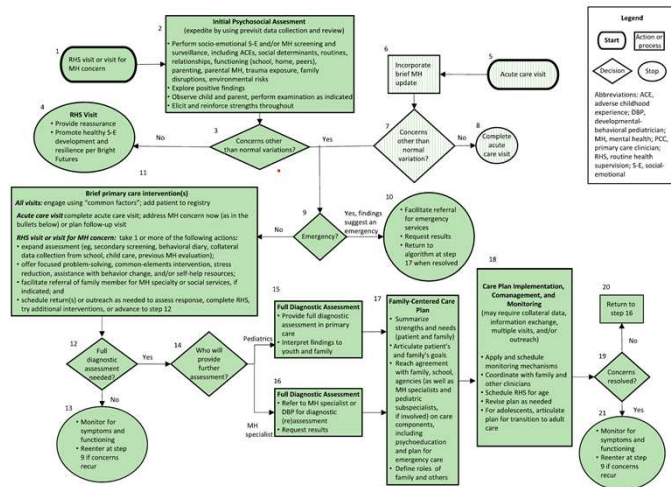
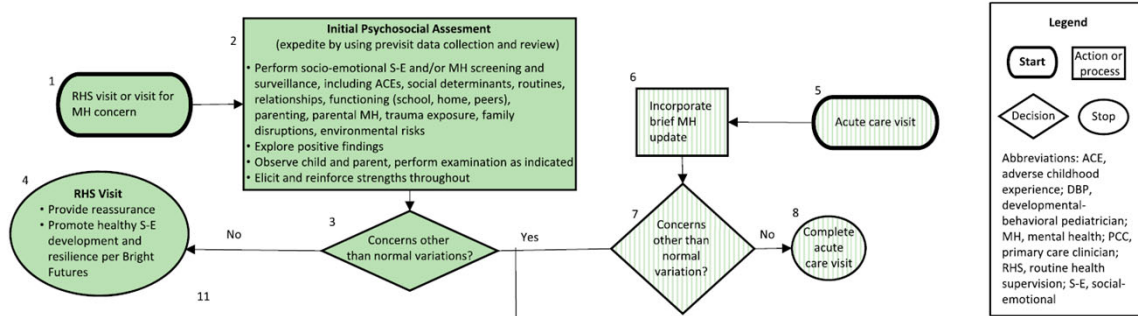


FIGURE 1 Mental health (MH) care in pediatric practice. ACE, adverse childhood experience; RHS, routine health supervision; SE, social-emotional.

# Integrating mental health care into pediatric practice



Foy, J. M., MD (2019). Mental Health Competencies for Pediatric Practices. *Pediatrics*, 144(5)

## How to engage

- Questions to ask during mental health screening and surveillance.

### BRIEF MENTAL HEALTH UPDATE

Task Force on Mental Health Algorithm Teams: Brief Mental Health Update by Age

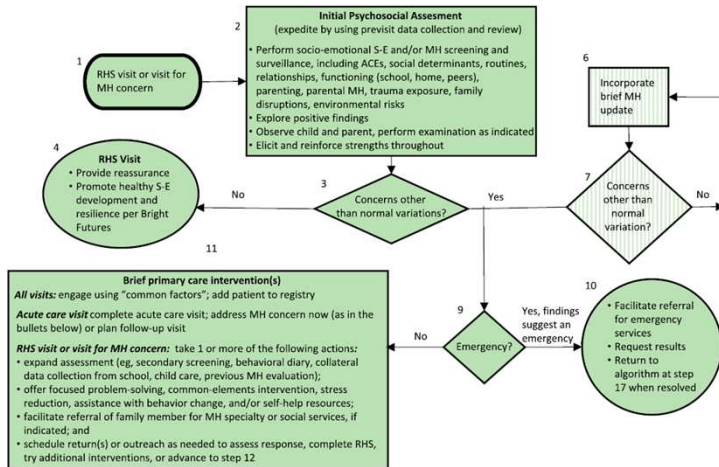
Using an Acute Care Visit for a Brief Mental Health Update: Suggested Questions by Age*		
Ages 0 to 5 y	Ages 5 to 12 y	Ages 12 to 21 y (parent/child separately)
<ul style="list-style-type: none"> <li>How have things been going since our last visit?</li> <li>How are you coping with [the presenting acute illness]?</li> <li>How is [the illness] affecting your child, other than primary symptoms?</li> <li>(If an injury) How did it happen?</li> <li>How is your child sleeping, in general and in light of the condition?</li> <li>How are things going at home in general?</li> <li>Is there anything else that's worrying you about parenting your child?</li> </ul>	<ul style="list-style-type: none"> <li>How have things been going since our last visit?</li> <li>How are you coping with [the presenting acute illness]?</li> <li>How is [the illness] affecting your child, other than primary symptoms?</li> <li>(If an injury) How did it happen?</li> <li>How is your child sleeping, in general and in light of the condition?</li> <li>How is everyone getting along at home?</li> <li>Has your child been enjoying school? (To the child) How's school going?</li> <li>What is the best part of parenting this child? What is the most difficult part?</li> <li>Do you have any worries or concerns about your child's mental health, emotions, or behaviors?</li> </ul>	<ul style="list-style-type: none"> <li>How have things been going since our last visit?</li> <li>How are you/is your child coping with [the presenting acute illness]?</li> <li>How is [the illness] affecting you/your child, other than primary symptoms?</li> <li>(If an injury) How did it happen? Had anyone been drinking or using drugs?</li> <li>How are you/is your child sleeping, in general and in light of the condition?</li> <li>How are you/is your child getting along at home? At school?</li> <li>[Parents of] teenagers often mention that they are having difficulties with stress, worries, or changes in mood—has this been a problem for you/your child?</li> </ul>

\*Select questions as appropriate to the clinical circumstances and time available.

Source: Task Force on Mental Health algorithm teams, group discussion, fall 2005

Brief Mental Health Update. PEDIATRICS Volume 125, Supplement 3, June 2010

## Integrating mental health care into pediatric practice



Foy, J. M., MD (2019). Mental Health Competencies for Pediatric Practices. *Pediatrics*, 144(5)

## Brief primary care interventions

TABLE 1 Promising Adaptations of Mental Health Treatment for Primary Care

Pediatric Settings	Parallels in Mental Health Services
Emphasis on patient-centered care and joint decision-making building trust and activation	Common-factors psychotherapeutic processes promoting engagement, optimism, alliance
Initial treatment often presumptive  or relatively nonspecific	Stepped-care models with increasing specificity of diagnosis and intensity of treatment
Treatment based on brief counseling focused on patient-identified problems	"Common elements"
Links with community services, advice addressing family and social determinants	Peer and/or family navigators

Adapted from Wissow LS, van Ginneken N, Chandina J, Rahman A. Integrating children's mental health into primary care. *Pediatr Clin North Am*. 2016; 63(1):101.

Foy, J. M., MD (2019). Mental Health Competencies for Pediatric Practices. *Pediatrics*, 144(5)



## Build therapeutic alliance

**TABLE 2** Common-Factors Approach: HELP Build a Therapeutic Alliance

<b>H = Hope</b>	Hope facilitates coping. Increase the family's hopefulness by describing your realistic expectations for improvement and reinforcing the strengths and assets you see in the child and family. Encourage concrete steps toward whatever is achievable.
<b>E = Empathy</b>	Communicate empathy by listening attentively, acknowledging struggles and distress, and sharing happiness experienced by the child and family.
<b>L<sup>2</sup> = Language, Loyalty</b>	Use the child or family's own language (not a clinical label) to reflect your understanding of the problem as they see it and to give the child and family an opportunity to correct any misperceptions. Communicate loyalty to the family by expressing your support and your commitment to help now and in the future.
<b>P<sup>3</sup> = Permission, Partnership, Plan</b>	Ask the family's permission for you to ask more in-depth and potentially sensitive questions or make suggestions for further evaluation or management. Partner with the child and family to identify any barriers or resistance to addressing the problem, find strategies to bypass or overcome barriers, and find agreement on achievable steps (or simply an achievable first step) aligned with the family's motivation. The more difficult the problem, the more important is the promise of partnership. On the basis of the child's and family's preferences and sense of urgency, establish a plan (or incremental first step) through which the child and family will take some action(s), work toward greater readiness to take action, or monitor the problem and follow-up with you. (The plan might include, eg, keeping a diary of symptoms and triggers, gathering information from other sources such as the child's school, making lifestyle changes, applying parenting strategies or self-management techniques, reviewing educational resources about the problem or condition, initiating specific treatment, seeking referral for further assessment or treatment, or returning for further family discussion.)

Adapted from Foy JM, American Academy of Pediatrics, Task Force on Mental Health. Enhancing pediatric mental health care: algorithms for primary care. *Pediatrics*. 2010;125(suppl 3):S110.

Foy, J. M., MD (2019). Mental Health Competencies for Pediatric Practices. *Pediatrics*, 144(5)

## Common elements intervention

**TABLE 3** Most Frequently Appearing Common Elements in Evidence-Based Practices, Grouped by Common Presenting Problems in Pediatric Primary Care

Presenting Problem Area	Most Common Elements of Related Evidence-Based Practices
Anxiety	Graded exposure, modeling
ADHD and oppositional problems	Tangible rewards, praise for child and parent, help with monitoring, time-out, effective commands and limit setting, response cost
Low mood	Cognitive and/or coping methods, problem-solving strategies, activity scheduling, behavioral rehearsal, social skills building

Adapted from Wissow LS, van Ginneken N, Chandna J, Rahman A. Integrating children's mental health into primary care. *Pediatr Clin North Am*. 2016; 63(1):103.

Foy, J. M., MD (2019). Mental Health Competencies for Pediatric Practices. *Pediatrics*, 144(5)



## Screening Test

General psychosocial screening: children aged 6–10 y				
Pediatric Symptom Checklist—35 items (PSC-35) <sup>8,10</sup> <i>General psychosocial screening and functional assessment in domains of attention, externalizing symptoms, and internalizing symptoms</i>	35 items Self-administered Parent or youth ≥11 y	4–16 y Chinese English Japanese Pictorial Spanish	<5 min to administer 1–2 min to score	Massachusetts General Hospital; <a href="http://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist">freely accessible: www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist</a>
Pediatric Symptom Checklist—17 items (PSC-17) <sup>11</sup> <i>General psychosocial screening and functional assessment in domains of attention, externalizing symptoms, and internalizing symptoms</i>	17 items Self-administered Parent or youth ≥11 y	4–16 y Chinese English Spanish  Fifth–sixth grade level	<5 min to administer 2 min to score	Massachusetts General Hospital; <a href="http://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist">freely accessible: www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist</a>
Strengths and Difficulties Questionnaires (SDQ) <sup>12</sup> <i>Assesses 25 attributes, some positive and some negative, divided among 5 scales, and sometimes has an impact scale on the second page</i>	25 items Self-administered Parent, teacher, or youth aged 11–17 y	3–17 y >40 languages	10 min	Youth in Mind; <a href="http://www.sdqinfo.org">freely accessible: www.sdqinfo.org</a>

ADDRESSING MENTAL HEALTH CONCERNS IN PEDIATRICS: A PRACTICAL RESOURCE TOOLKIT FOR CLINICIANS, 2ND EDITION. Retrieved May 23, 2022 from <http://toolkits.aap.org>

## Screening Test

- High score: would benefit from further assessment.
- Subclasses for
  - Attention
  - Internalizing (depression/anxiety)
  - Externalizing (conduct)

### Pediatric Symptom Checklist (PSC-17)

Please mark under the heading that best describes your child:

	(0)	(1)	(2)
	NEVER	SOMETIMES	OFTEN
1. Feels sad, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feels hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is down on self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Worries a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Seems to be having less fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fidgety, unable to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Daydreams too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Distracted easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Acts as if driven by a motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Fights with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does not listen to rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does not understand other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Teases others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Blames others for his/her troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Refuses to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Takes things that do not belong to him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have any emotional or behavioral problems for which she/he needs help? \_\_No \_\_Yes

## Rating Scale

- Questionnaire that has been well-tested to measure symptoms and help predict a specific diagnosis entity
- Can be used to make a diagnosis
- May or may not track treatment response.
- Vanderbilt
- PHQ-9
- GAD-7
- SCARED

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)					GAD-7				
Over the <b>last 2 weeks</b> , how often have you been bothered by any of the following problems? <i>(Use "✓" to indicate your answer)</i>					Over the <b>last 2 weeks</b> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>				
	Not at all	Several days	More than half the days	Nearly every day		Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3	1. Feeling nervous, anxious or on edge	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3	2. Not being able to stop or control worrying	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3	3. Worrying too much about different things	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3	4. Trouble relaxing	0	1	2	3
5. Poor appetite or overeating	0	1	2	3	5. Being so restless that it is hard to sit still	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3	6. Becoming easily annoyed or irritable	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	7. Feeling afraid as if something awful might happen	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3					
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3					
FOR OFFICE CODING: ___0___ + ___ + ___ + ___ = Total Score: ___					(For office coding: Total Score T___ = ___ + ___ + ___)				

### Screen for Child Anxiety Related Disorders (SCARED) Child Version—Pg. 1 of 2 (To be filled out by the CHILD)

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Directions:**  
Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. When I feel frightened, it is hard to breathe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I worry about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have nightmares about something bad happening to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I get shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Screen for Child Anxiety Related Disorders (SCARED) Child Version—Pg. 2 of 2 (To be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21. I worry about things working out for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. When I get frightened, I sweat a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am a worrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I get really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am afraid to be alone in the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. It is hard for me to talk with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. When I get frightened, I feel like I am choking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People tell me that I worry too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I don't like to be away from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am afraid of having anxiety (or panic) attacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I worry that something bad might happen to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I feel shy with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I worry about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. When I get frightened, I feel like throwing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I worry about how well I do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I am scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I worry about things that have already happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. When I get frightened, I feel dizzy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example, read aloud, speak, play a game, play a sport.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I am shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SCORING:**  
A total score of  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.  
A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder or Significant Somatic Symptoms**.  
A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.  
A score of 8 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.  
A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.  
A score of 2 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.  
*\*For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

Developed by Brian Brodsky, M.D., Steven Klumpel, M.D., Melissa Cully, M.Ed., David Brent M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh (1993). E-mail: bbrodsky@wpiu.edu

SCARED (Self-Report for Childhood Anxiety Related Emotional Disorders) <sup>11,12</sup>	41 items Parent Youth	8+ y	5 min Scoring: 1 to 2 min	Coefficient alpha: 0.9	English	Freely accessible
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Assesses for anxiety—but not specifically OCD or PTSD.

ADDRESSING  
A CHILD'S  
CONCERNING BY  
PRIMARY CARE  
CLINICIAN

## THE MODIFIED OVERT AGGRESSION SCALE (MOAS)

**THE MODIFIED OVERT AGGRESSION SCALE (MOAS)<sup>18</sup>**

Patient: \_\_\_\_\_  
Date: \_\_\_\_\_

**INSTRUCTIONS**  
Rate the patient's aggressive behavior over the past week. Select as many items as are appropriate. Refer to the pocket guide for the full measure.

**SCORING**  
1. Add items in each category.  
2. In scoring summary, multiply sum by weight and add weighted sums for total weighted score. Use this score to track changes in level of aggression over time.

**Verbal aggression**

- 0 No verbal aggression
- 1 Shouts angrily, curses mildly, or makes personal insults
- 2 Curses viciously, is severely insulting, has temper outbursts
- 3 Impulsively threatens violence toward others or self
- 4 Threatens violence toward others or self repeatedly or deliberately

**SUM VERBAL AGGRESSION SCORE**

**Aggression against Property**

- 0 No aggression against property
- 1 Slams door, rips clothing, urinates on floor
- 2 Throws objects down, kicks furniture, defaces walls
- 3 Breaks or destroys, smashes windows
- 4 Sets fires, throws objects dangerously

**SUM PROPERTY AGGRESSION SCORE**

**Autoggression**

- 0 No autoggression
- 1 Picks or scratches skin, pulls hair out, hits self (without injury)
- 2 Bangs head, hits face into walls, throws self onto floor
- 3 Inflicts minor cuts, bruises, burns, or sores on self
- 4 Inflicts major injury on self or makes a suicide attempt

**SUM AUTOAGGRESSION SCORE**

**Physical Aggression**

- 0 No physical aggression
- 1 Makes menacing gestures, swings at people, grabs at clothing
- 2 Strikes, pushes, scratches, pulls hair of others (without injury)
- 3 Attacks others causing mild injury (bruises, sprain, welt, etc.)
- 4 Attacks others causing serious injury

**SUM PHYSICAL AGGRESSION SCORE**

CATEGORY	SUM SCORE	WEIGHTS	WEIGHTED SUM
Verbal Aggression		x 1	
Aggression against property		x 2	
Autoggression		x 3	
Physical Aggression		x 4	
<b>Total Weighted Score</b>			

\*Modified from Kay, 1992; Wolke, 1997; McNeil, 1998; Profiles of aggression among inpatient patients: 1. nature and prevalence. *Journal of Abnormal Child Psychology* 25:129-140.

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DESIGN SUPPORT FOR CLINICIANS

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DEDICATED TO THE HEALTH OF ALL CHILDREN

Page 1 of 1

MOAS (Modified Overt Aggression Scale) <sup>18</sup>	4 items Physician rating of aggression	Adults but has been used in adolescents	Administered as a semi-structured interview asking adolescent to report on aggressive behavior. 10 to 15 min	Internal consistency 0.84; strong correlation with anger and hostility measures	Shown to have discriminant validity when used in Nigeria <sup>19</sup>	Freely accessible
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Rates symptoms in domain of disruptive behavior/aggression.

### Child and Adolescent Trauma Screen (CATS) - Youth Report

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn't happen to you.**

<ol style="list-style-type: none"> <li>1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. Serious accident or injury like a car/bike crash, dog bite, sports injury. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>3. Robbed by threat, force or weapon. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>4. Slapped, punched, or beat up in your family. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>5. Slapped, punched, or beat up by someone not in your family. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>6. Seeing someone in your family get slapped, punched or beat up. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>7. Seeing someone in the community get slapped, punched or beat up. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>8. Someone older touching your private parts when they shouldn't. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>9. Someone forcing or pressuring sex, or when you couldn't say no. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>10. Someone close to you dying suddenly or violently. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>11. Attacked, stabbed, shot at or hurt badly. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>12. Seeing someone attacked, stabbed, shot at, hurt badly or killed. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>13. Stressful or scary medical procedure. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14. Being around war. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>15. Other stressful or scary event? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol> <p>Describe: _____</p> <p>Which one is bothering you the most now? _____</p>	<p style="text-align: center;"><b>Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:</b></p> <p style="text-align: center;"><b>0 Never / 1 Once in a while / 2 Half the time / 3 Almost always</b></p> <ol style="list-style-type: none"> <li>1. Upsetting thoughts or pictures about what happened that pop into your head. 0 1 2 3</li> <li>2. Bad dreams reminding you of what happened. 0 1 2 3</li> <li>3. Feeling as if what happened is happening all over again. 0 1 2 3</li> <li>4. Feeling very upset when you are reminded of what happened. 0 1 2 3</li> <li>5. Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach). 0 1 2 3</li> <li>6. Trying not to think about or talk about what happened. Or to not have feelings about it. 0 1 2 3</li> <li>7. Staying away from people, places, things, or situations that remind you of what happened. 0 1 2 3</li> <li>8. Not being able to remember part of what happened. 0 1 2 3</li> <li>9. Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, the whole world is unsafe. 0 1 2 3</li> <li>10. Blaming yourself for what happened, or blaming someone else when it isn't their fault. 0 1 2 3</li> <li>11. Bad feelings (afraid, angry, guilty, ashamed) a lot of the time. 0 1 2 3</li> <li>12. Not wanting to do things you used to do. 0 1 2 3</li> <li>13. Not feeling close to people. 0 1 2 3</li> <li>14. Not being able to have good or happy feelings. 0 1 2 3</li> <li>15. Feeling mad. Having fits of anger and taking it out on others. 0 1 2 3</li> <li>16. Doing unsafe things. 0 1 2 3</li> <li>17. Being overly careful or on guard (checking to see who is around you). 0 1 2 3</li> <li>18. Being jumpy. 0 1 2 3</li> <li>19. Problems paying attention. 0 1 2 3</li> <li>20. Trouble falling or staying asleep. 0 1 2 3</li> </ol> <p style="text-align: right; border: 1px solid black; padding: 2px;"><b>Total Score _____</b> <b>Clinical = 15+</b></p> <p><b>Please mark "YES" or "NO" if the problems you marked interfered with:</b></p> <table border="0" style="width: 100%;"> <tr> <td>1. Getting along with others <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>4. Family relationships <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>2. Hobbies/Fun <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>5. General happiness <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>3. School or work <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </table>	1. Getting along with others <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Family relationships <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Hobbies/Fun <input type="checkbox"/> Yes <input type="checkbox"/> No	5. General happiness <input type="checkbox"/> Yes <input type="checkbox"/> No	3. School or work <input type="checkbox"/> Yes <input type="checkbox"/> No	
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3. School or work <input type="checkbox"/> Yes <input type="checkbox"/> No							

### The CRAFFT+N Questionnaire

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")? 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
4. Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)?  # of days

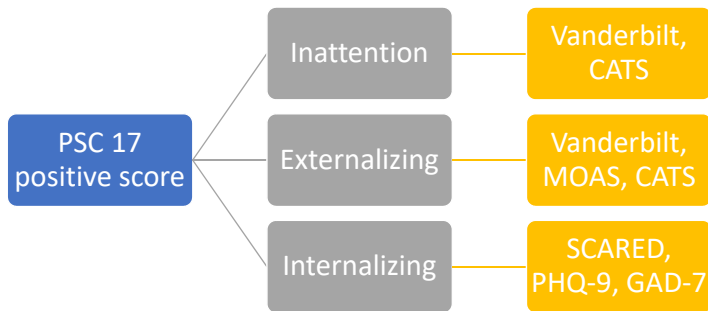
**READ THESE INSTRUCTIONS BEFORE CONTINUING:**

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 5, THEN STOP.
- If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 5-10.


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

Substance Use	CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) Lifetime Use <sup>22-24</sup>	3 screener questions, then 6 items Self-administered or youth report	Adolescents	1 to 2 min	Sensitivity: 76% to 92% Specificity: 76% to 94% PPV: 29% to 83% NPV: 91% to 98%	No cross-cultural validity data	Freely accessible
Screens for substance abuse.							

# Combining tools



NIMH TOOLKIT



## Suicide Risk Screening Tool

**Ask Suicide-Screening Questions**

**Ask the patient:**

1. In the past few weeks, have you wished you were dead?  Yes  No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  Yes  No
3. In the past week, have you been having thoughts about killing yourself?  Yes  No
4. Have you ever tried to kill yourself?  Yes  No  
If yes, how? \_\_\_\_\_  
When? \_\_\_\_\_

*If the patient answers Yes to any of the above, ask the following acuity question:*

5. Are you having thoughts of killing yourself right now?  Yes  No  
If yes, please describe: \_\_\_\_\_

**Next steps:**

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary. (\*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity.
  - "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - Patient requires a **STAT safety/ full mental health evaluation**.
    - Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - "No" to question #5 = **non-acute positive screen** (potential risk identified)
    - Patient requires a **brief suicide safety assessment to determine if a full mental health evaluation is needed**. Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient's care.

**Provide resources to all patients**

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

asQ Suicide Risk Screening Toolkit | NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) |

## Where to find screens and rating scales

AAP: Mental Health Screen and Assessment Tools for Primary Care.

- [https://downloads.aap.org/AAP/PDF/Mental Health Tools for Pediatrics.pdf?\\_ga=2.266126092.224868815.1685766920-2094128202.1645576559](https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf?_ga=2.266126092.224868815.1685766920-2094128202.1645576559)

Project Teach NY

- <https://projectteachny.org/child-rating-scales/>
- NIH Ask Suicide Screening Questions (ASQ) Toolkit
- <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>

## Objectives

- Discuss the importance of primary care providers in identifying and managing mental health disorders.
- Identify common pediatric mental health diagnoses.
- Understand how to incorporate pediatric mental health care into a busy practice.
- Understand how to screen and assess for common pediatric mental health disorders.
- Identify strategies that may improve pediatric patient outcomes in the primary care practice setting.
- Discuss behavioral health integration.
- Discuss further training to improve management.



## Improving pediatric outcomes in the primary care practice setting

- Consultive relationship
- All staff embrace mental health care
- Establish systems

TABLE 5 Core Pediatric Mental Health Competencies: Practice Enhancements

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Pediatricians providing care to children and adolescents can improve the quality of their practice's (and network's) mental health services by developing competence in performing the following activities

Establish collaborative and consultative relationships—within the practice, virtually, or off-site—and define respective roles in assessment, treatment, coordination of care, exchange of information, and family support

Build a practice team culture around a shared commitment to embrace mental health care as integral to pediatric practice and an understanding of the impact of trauma on child well-being

Establish systems within the practice (and network) to support mental health services; elements may include the following:

- Preparation of office staff and professionals to create an environment of respect, agency, confidentiality, safety, and trauma-informed care;
- Preparation of office staff and professionals to identify and manage patients with suicide risk and other mental health emergencies;
- Electronic health record prompts and culturally and/or linguistically appropriate educational materials to facilitate offering anticipatory guidance and to educate youth and families on mental health and substance use topics and resources;
- Routines for gathering the patient's and family's psychosocial history, conducting psychosocial and/or behavioral assessment;
- Registries, evidence-based protocols, and monitoring and/or tracking mechanisms for patients with positive psychosocial screen results, adverse childhood experiences and social determinants of health, behavioral risks, and mental health problems;
- Directory of mental health and substance use disorder referral sources, school-based resources, and parenting and family support resources in the region;
- Mechanisms for coordinating the care provided by all collaborating providers through standardized communication; and
- Tools for facilitating coding and billing specific to mental health.

Systematically analyze the practice by using quality improvement methods with the goal of mental health practice improvement

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## Objectives

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# Behavior Health Integration

BHI IMMERSION PROGRAM MODULE 1

## Behavioral Health Integration (BHI)

noun [bih-bey-yer-uhl heeth in-ti-grey-shuhn]

The care that results from a practice team of primary care medical and mental health clinicians, **working together** with patients and families, using a systematic and cost-effective approach to provide **patient and family-centered care** for a defined population.

This care may address healthy mental and emotional development, mental health and substance use conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, social drivers of health, stress-related physical symptoms, and ineffective patterns of health care utilization.

\*as defined by Agency for Healthcare Research and Quality's Integration Academy



BHI IMMERSION PROGRAM MODULE 1

The building blocks of BHI are 8 elements that may fall on a spectrum of integration from practice to practice but are integral to providing integrated primary care



**Behavioral Health Integration**  
**IMMERSION PROGRAM**  
 Module 1: Approaches to Behavioral Health Integration  
 Child & Adolescent Track  
 Presented by  
**BHI Collaborative**

The American Medical Association along with seven other leading physician organizations have established the BHI Collaborative, a group dedicated to catalyzing effective and sustainable integration of behavioral and mental health care into physician practices.

# Behavioral Health Integration



## Primary Care Behavioral Health (PCBH) Model

This is a team-based approach to managing biopsychosocial issues that present in primary care, with the goal of improving primary care overall. It is commonly used in integrated pediatric primary care.

- A mental health professional/consultant/specialist, who may be a PsyD, PhD, master's level clinician, or LCSW licensed and trained in mental health, typically sees an individual patient for a limited time and a limited number of visits.



## Collaborative Care Model (CoCM)

Team-based approach led by a primary care provider and including mental health care managers, psychiatrists and other mental health professionals.

- CoCM uses a psychiatric consult to provide treatment recommendations, both therapeutic and pharmacological, to the PCP and to coordinate the treatment planning through the care manager.
- The team implements a measurement-guided treatment plan built on evidence-based practice guidelines and focuses particular attention on patients not meeting their clinical goals.

**Behavioral Health Integration**  
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## Further training to improve management

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- The REACH Institute offers a “mini-fellowship”; in pediatric psychiatry for general practitioners called “Patient Centered Mental Health in Pediatric Primary Care.” Participants participate in a 3-day long intensive training in diagnosing and treating pediatric depression, anxiety, and ADHD, with some training on psychosis, oppositional and conduct disorders, and bipolar disorder. This is followed by a six-month, case-based distance learning program.



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