Treating the Pediatric Population
in the Collaborative Care Model

AMERICAN PSYCHIATRIC ASSOCIATION

Summary of Key Adaptations Needed for the Pediatric Population

- Pediatric mental health conditions are frequently diagnostically ambiguous, commonly with comorbid conditions, and complicated by atypical and/or delayed development, impairment in family functioning, and/or learning issues. Accordingly, the Behavioral health care manager (BHCM) should be a fully qualified mental health clinician, skilled in a variety of evidence-based psychotherapy models, and able to work both individually with the child and with the family.
  - BHCM should engage with parents as full partners in the child's treatment, empower them to be agents of change for their children, and be prepared to help parents access their own mental health services when needed.
  - BHCM should be able and willing to interface with child-serving systems (ie schools, child protective services) and agencies to address social determinants of health
  - BHCM need to be prepared to employ creative strategies to engage therapeutically with child
- Clinical measures should be selected that have been proven to be valid and developmentally appropriate for the specific age of the patient. When possible, both patient and parent report versions of the measures should be utilized.

  For tracking progress with comorbid or ambiguous diagnoses, BHP/CM may utilize more than one clinical measure, however they may select a measure which is focused on the group of symptoms that are of the highest priority for the child/family and/or contributing to the most functional impairment.
- Treating provider may be a pediatrician, pediatric nurse practitioner, or family practice provider; each of these provider types may need different types of support
- Treating providers will need to be willing, knowledgeable, and allowed to prescribe medications for common mental health disorders in pediatric patients
- Psychiatric consultant should ordinarily be a child and adolescent psychiatrist (CAP). If a child and adolescent psychiatrist is not available, then a general psychiatrist with substantial experience in diagnosis and treatment of children and access to a CAP for as needed consultation may be utilized.
- Clinic screening and recognition of pediatric behavioral health problems will need to be improved to facilitate appropriate referrals.
- Clinics may need to decide which pediatric conditions will be treated in the medical setting and which patients will be referred for direct care under a psychiatric provider.

Additional Behavioral Health Measures to Consider

Screening

- Pediatric Symptom Checklist – 17 (PSC-17) Click Here

DSM Level 2 Cross-Cutting Symptom Measures

- LEVEL 2: Depression – Child Age 11-17 Click Here

Depression

- Patient Health Questionnaire – 9 (PHQ-9) ***For 12 and over*** Click Here
- PHQ-A (PHQ-9 Modified for Adolescents) Click Here
- Short Mood and Feelings Questionnaire ***For under 12*** Click Here

Anxiety

- Generalized Anxiety Disorder 7-item Scale (GAD-7) ***For Children 12 and over*** Click Here
- Screen for Child Anxiety Related Disorders (SCARED) ***For Children under 12*** Click Here

- Screen for Child Anxiety Related Disorders (SCARED) ***For Parents*** Click Here

Obsessive-Compulsive Disorder (OCD)

- Children's Yale-Brown Obsessive Compulsive Scale (C-YBOCS) Click Here

Post-traumatic stress disorder (PTSD)

- The Child PTSD Symptom Scale (CPSS) Click Here
- Screen for Child Anxiety Related Disorders (SCARED) Traumatic Stress Disorder Scale Click Here

Attention-Deficit/Hyperactivity Disorder (ADHD)

- Vanderbilt ADHD Rating Scales
  Note: Also screens for ODD
  - Parent Rating Scale Click Here
  - Teacher Rating Scale Click Here

Other

- Ages and stages (Autism) – ***This questionnaire has a fee associated with it.*** Click Here

Additional Resources

- American Academy of Child & Adolescent Psychiatry (AACAP) Assessment of Young Children Click Here
- AACAP's Section on Collaboration with Primary Care Click Here
- Washington Partnership Access Line (PAL) Guide Click Here
- Addressing Clinical Complexity and Ambiguity in Pediatric Collaborative Care Click Here
- Dillon-Naftolin E, Margret CP, Russell D, French W, Hilt R, Sarvet B. **Implementing Integrated Care in Pediatric Mental Health: Principles, Current Models, and Future Directions.** Focus: APA Journal of Lifelong Learning in Psychiatry. 2017; 15(3):249-256. Click Here
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- **Attention Deficit Hyperactivity Disorder (ADHD)**
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- **Disruptive Behavior**
  Kolko DJ, Campo J, Kilbourne AM, Hart J, Sakolsky D, Wisniewski S. Collaborative Care Outcomes for **Pediatric Behavioral Health Problems: A Cluster Randomized Trial.** Pediatrics. 2014; 133(4): p. e981-e992 Click Here
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- **School-Based Health**
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- **Reviews**
  Asarnow JR, Rozenman M, Wilblin J, Zeltzer L. I**ntegrated Medical-Behavioral Care Compared With Usual Primary Care for Child and Adolescent Behavioral Health: A Meta-analysis**. JAMA Pediatr. 2015; 169(10): p. 929-937. Click Here
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