Integrating mental/behavioral health screening and anticipatory guidance in pediatric primary care

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*SAFE: Sexual Assault Forensic Examiner
Presentation

- 11 y.o. F presents for annual well child care visit
- School knew she was scheduled to see us and requested evaluation for scoliosis
- Child with flattened affect and quiet
- Slow to warm up
- Nods in response to most answers
- Additional history obtained from mother, which included amniotic band syndrome
Amniotic Band Syndrome

- Exact cause unknown
- Congenital defect
- Child is born with effects of in-utero Amniotic Bands
- They could be stillborn
- They could also be born with missing limbs
- Result of the Amniotic Band depends on the location
  - It can be a cosmetic defect, or
  - It can be a major functional defect
- It is often diagnosed prenatally so parent is aware
Amniotic Band Syndrome
Amniotic Bands

Banding can cause amputation while in the womb.

AMNIOTIC BANDS SYNDROME

AMNIOTIC BANDS

FETUS AT 14 MONTHS
AMNIOTIC CONSTRUCTION BANDS ARE CAUSED BY DAMAGE TO THE PLACENTA. DAMAGE TO AMNIOTIC BANDS CAN TRAP PARTS OF THE DEVELOPING BABY.
Scoliosis

- Head not centered with the rest of the body
- Uneven shoulder heights
- Uneven hip heights or positions

[Images showing a child with scoliosis and an X-ray of a spine]

Hackensack Meridian Health
For a better understanding of the issues the patient was facing, we need to go into the Exam Room.
Past Medical Hx

- Mother said that as child was growing she wanted a prosthesis
- Child did not want to be different from others when she was ready to attend school
- Doctors said she was too young and they would do it later
- The Prothesis would require multiple surgeries if done too young because she would outgrow the Prosthesis
- Child continued to request surgery
- Surgeons did not want to do multiple procedures because there would be scar tissue, making future surgeries less successful
- When she was offered surgery, she refused, she was angry she did not get the Prosthesis when she requested it
Concerns

• Chemical puberty precedes physical changes by 2 years
• Puberty makes the adolescent very aware of their physical appearance
• Pre-menarchal (started puberty but did not menstruate yet)
• Adolescent bio-psycho-social development
• Mother understood and accepted the Surgeon’s explanation for delaying the procedure
• Mother was afraid to insist child get the procedure in case it was not successful
• No functional concerns reported by mother at the present time, mother reported she does well in school
• Child stated she learned to live with her arm the way it was
Screening

• She was 11 years old
• She was screened with Pediatric Symptom Checklist
• She was not in crisis
• She was referred by school for scoliosis, which she did not have
• Her posture was an effort to hide the defected limb
Anticipatory Guidance

• All pediatric well child care visits conclude with Anticipatory Guidance
• This involves education/recommendations/prevention guidelines for the parents to anticipate prior to the next well child care visit
• E.g., Before a child crawls, we teach parents how to childproof the home to avoid small objects that choke, electric socket covers . . .
• After 2 years of age, the visits are annual
• It was during the Anticipatory Guidance of child that it became clear to me that we could not wait until next year to address the concerns and discrepancies
My concerns during the visit

• Although child said she was comfortable with her arm, she was in a curled posture trying to hid the arm
• Since adolescents are aware of their physical appearance, she was questioned about being bullied, which she denied
• She was also questioned about her coping
• Her answers did not match her behavior
• I called Stephanie at the PPC Hub to discuss the clinical situation because I felt we were heading towards a crisis that we might be able to avoid
Patient Referral/Discussion with PPC Hub

• A phone call was made to the Pediatric Psychiatry Collaborative – Hackensack-Meridian Hub at St. Peter’s
• Spoke with Stephanie Azzarello for guidance
• Patient was referred to the PPC Hub even though she did not have a positive screen on the PSC screening tool
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.
- **Edinburgh Postnatal Depression Scale** – included on 2, 4, and 6 month forms.
A Closer Look – SWYC

(Preschool Pediatric Symptom Checklist)

<table>
<thead>
<tr>
<th>Does your child...</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
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</thead>
<tbody>
<tr>
<td>Seem nervous or afraid?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Seem sad or unhappy?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Get upset if things are not done in a certain way?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Have a hard time with change?</td>
<td>0</td>
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<td>Have trouble playing with other children?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Break things on purpose?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Fight with other children?</td>
<td>0</td>
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<td>2</td>
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<tr>
<td>Have trouble paying attention?</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Have a hard time calming down?</td>
<td>0</td>
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<td>Have trouble staying with one activity?</td>
<td>0</td>
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<table>
<thead>
<tr>
<th>Is your child...</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
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<tr>
<td>Aggressive?</td>
<td>0</td>
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<tr>
<td>Fidgety or unable to sit still?</td>
<td>0</td>
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<td>2</td>
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<tr>
<td>Angry?</td>
<td>0</td>
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</table>

<table>
<thead>
<tr>
<th>Is it hard to...</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
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<tbody>
<tr>
<td>Take your child out in public?</td>
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<td>Comfort your child?</td>
<td>0</td>
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<td>Know what your child needs?</td>
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<td>Keep your child on a schedule or routine?</td>
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<tr>
<td>Get your child to obey you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
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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)

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:

<table>
<thead>
<tr>
<th>Symptom</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<th>10</th>
<th>11</th>
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<tr>
<td>Complains of aches and pains</td>
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<td>Spends more time alone</td>
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<td>Tires easily, has little energy</td>
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<td>Fidgety, unable to sit still</td>
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<td>Has trouble with teacher</td>
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<td>Less interested in school</td>
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<td>Acts as if driven by a motor</td>
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<td>Daydreams too much</td>
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<td>Distracted easily</td>
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<td>Is afraid of new situations</td>
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<td>Feels sad, unhappy</td>
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<td>Is irritable, angry</td>
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<td>Feels hopeless</td>
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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 (continued)

- CRAFFT is a mnemonic acronym of first letters of key words in the six screening questions.

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?
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.

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.

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.
Case Study
Demographics

- 11 y/o Mexican-American female
- English speaking with parents who were Spanish-speaking only
- No psychiatric diagnosis
- No history of psychiatric medication
- Symptoms of: “self-esteem problems related to being born with Amniotic Band Syndrome, which prevented her right arm from developing”
- Y-PSC Score: 23
- Horizon NJ Health Medicaid Plan
Clinical Intake – Medical History

- Born full-term, naturally, weighing 6lbs 13oz, when her mother was 24.
- Born with Amniotic Band Syndrome (ABS), a condition which prevented her right arm from fully developing while in the womb.
- No family history of mental illness or substance abuse.
- At the time of intake, patient was a candidate for a prosthesis from Children’s Hospital of Philadelphia (CHOP).
Clinical Intake - Home

- At intake, living with her mother, father, and two brothers, ages 3 and 5
- Mother reported noticing the following symptoms:
  - Hunching over to hide her arm
  - Decreased appetite
  - Excessive worry about getting fat
  - Isolating behaviors such as not spending time with friends and not wanting to shop with mom
Clinical Intake – School

- Teachers did not report any behavior problems.
- Patient was maintaining good grades.
- Teachers reported that other kids would sometimes stare at patient during recess.
Recommendations

• For Individual and Bilingual Therapy:
  • Positive Reset Mental Health Clinic
  • Raritan Bay Medical Center: Bay Behavioral Health
  • JFK Medical Center: Behavioral Health Center
  • Catholic Charities: Diocese of Metuchen

• For Additional Limb Deficiency Support:
  • JFK Medical Center: JFK Johnson Rehabilitation Institute’s Amputee Support Group
  • Amputee Coalition: Certified Peer Visitor Program
Community Resources - Statewide

Early Intervention – 888-653-4463

- Free in-home evaluation
- In-home Developmental Intervention, Occupational, Physical & Speech/Language therapy for qualified children between birth and 3 years of age.
- Family cost share completed on each family to determine cost for therapy services.

DCF and Department of Health Central Intake

- Families from pregnancy to age 5 are eligible.
- Services linkages available for prenatal care, child care, behavioral health, support services, financial need/public assistance
Community Resources – Statewide (cont.)

PerformCare – 1-877-652-7624

- Ages 5-21
- 24/7 Statewide Mobile Response services
- For qualified families, in-home therapy services on a limited time basis through county Care Management Organization (CMO).
- Integrated services for children with developmental disabilities

SPAN – 800-654-7726

- Statewide Parent Advocacy Network
- Assists parents in collaborating with schools and the Child Study Team to coordinate in-school services and accommodations for children.
Community Resources - Local

Medicaid-Eligible Agencies:

- Children’s Specialized Hospital
- Meridian Behavioral Health
- All Access Mental Health
- Oaks Integrated Care
- Positive Reset Mental Health
- JFK Medical Center: Behavioral Health Center
- Catholic Charities
- Preferred Behavioral Health
- Ocean Mental Health
- The Pollack Center
Community Resources – Local (cont.)

Referrals for private therapists given based on:

- Family Insurance Provider
- Patient Demographics
- Presenting Problem
- Symptoms
- Therapist Specialties
- Language Fluency
- Gender
- Availability
Follow-up appointment in primary care

- Child sat straight up on the exam table and no longer had evidence of a posture that would indicate possible scoliosis
- She was no longer hiding her arm deformity
- She was happy with her experience with the Hub
- She was thinking about the prosthesis and giving it careful thought
Take home message

- We screen for mental/behavioral health concerns at all well child care visits, using standardized instruments.
- We also incorporate anticipatory guidance for mental/behavioral health at all well child care visits.
- While this child did not have a positive screen, parent and provider concerns about child’s emotional state and behaviors warranted a referral to the Hub.
- Access to psychological expertise of the Hub staff for diagnostic consultation helped to examine parent and provider concerns and intervene and avert a potential mental health crisis that may have developed.
Questions?