BHIPP BULLETIN

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PREPARING FOR A CONSULTATION

If you have called the BHIPP consultation line or participated in one of our trainings, it's possible you have heard us describe The 5 S's. In addition to collecting basic demographics (e.g., child's age, gender, diagnosis), our team has developed a simple tool that can be helpful in discussing case information during a consultation.

FROM THE BHIPP TOOLBOX

 The 5 S's—Key Questions for Consultation

The 5 S's—Key Questions for Consultation, cover the following elements:

- **1. Safety:** Prior to treatment or referral recommendations, consideration first needs to be given to whether the patient can be safely managed in the primary care setting. *Consider: Do you have any concerns about the patient's safety?* Do you feel comfortable treating this patient in your practice? Do you think this patient might be suicidal, homicidal, or otherwise at risk?
- **2. Screening/Services:** You may have access to mental health evaluations or services that the patient may have received in the past or is currently receiving. This information can be helpful diagnostically and can also guide advice on appropriate interventions. *Consider: Has the patient ever had a psychiatric or psychologic evaluation? Has the patient received outpatient therapy or medication in the past? What about current treatment?*
- **3. Specific Behaviors:** Inquiring about specific behaviors is especially useful in identifying diagnoses and target symptoms for medication intervention when appropriate. *Consider: What are the behaviors that are causing the most problems? What is the patient doing that makes you think he has (anxiety, depression, ADHD)?*
- **4. Setting:** In order to guide diagnosis, consideration must be given to where symptomatic behaviors are occurring. *Consider: How is the patient doing academically? How about with peers? How is the family managing the behavior?*
- **5. Scary:** Adverse child experiences (ACEs) and other types of trauma can impact a child's physical, mental, and emotional health and well-being. Trauma may be acute or chronic in nature. *Consider: Have any hard or scary things happened to the family or the patient?*



Dr. Joyce Harrison is the Medical Director of BHIPP and has worked with the program since its inception in 2012.Dr. Harrison received her medical degree at Dartmouth Medical School and completed an internship in Pediatrics in Boston. Her adult residency training was at the University of Maryland and Child Psychiatry training at Johns Hopkins. Dr. Harrison has special interest and expertise in early childhood mental health. She has really enjoyed getting to know pediatric providers across the state through the BHIPP and Race to the Top trainings.



Behavioral Health Integration in Pediatric Primary Care

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