

Maryland Behavioral Health Integration in Pediatric Primary Care (MD BHIPP)

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Surveillance and Screening in Primary Care Settings

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Maryland BHIPP Resilience Break Presentation

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Disclosures

- No conflicts of interest to disclose

Today's Objectives

1

Define and understand the difference between surveillance and screening

2

Discuss strategies to engage families in developmental surveillance

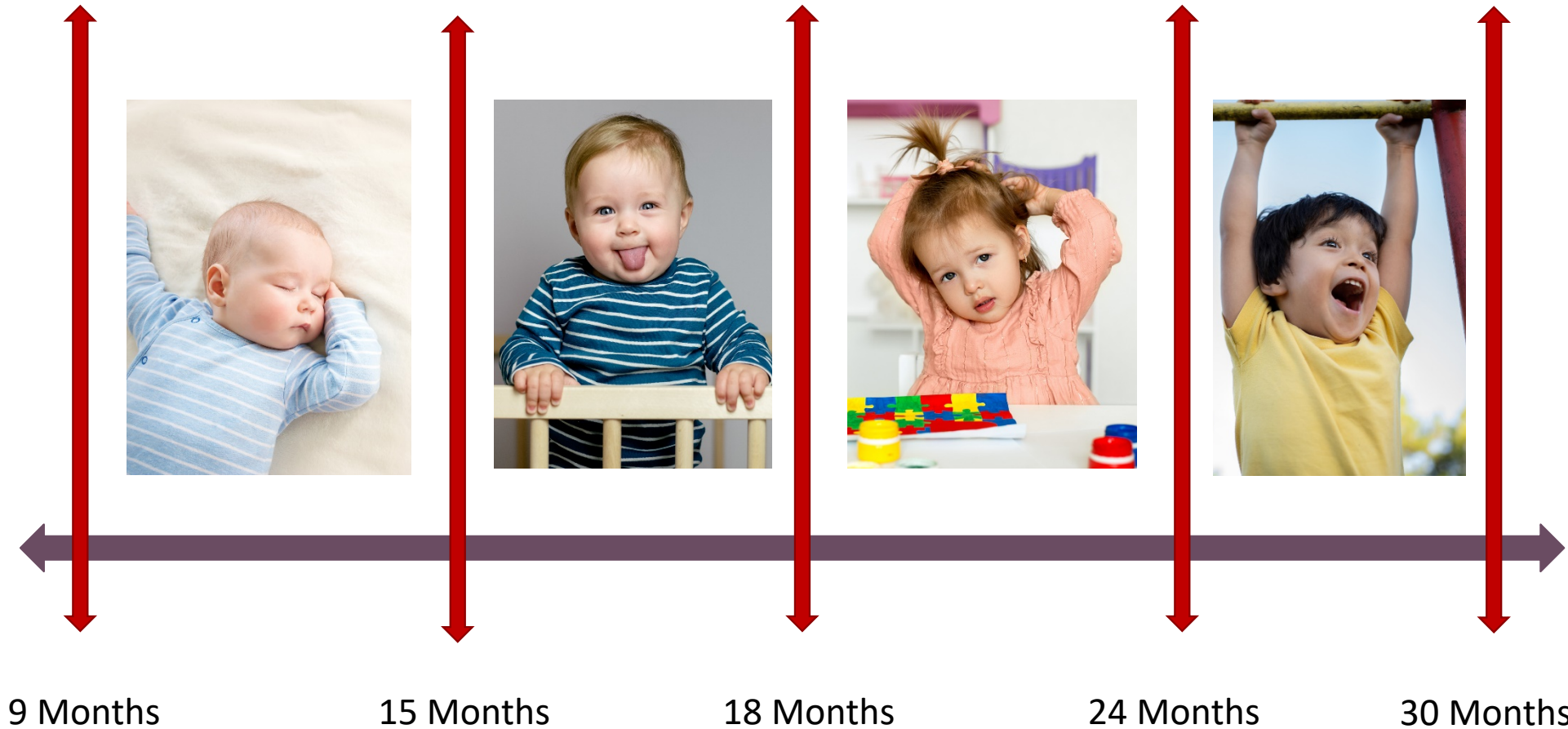
3

Identify screening measures to use in primary care

4

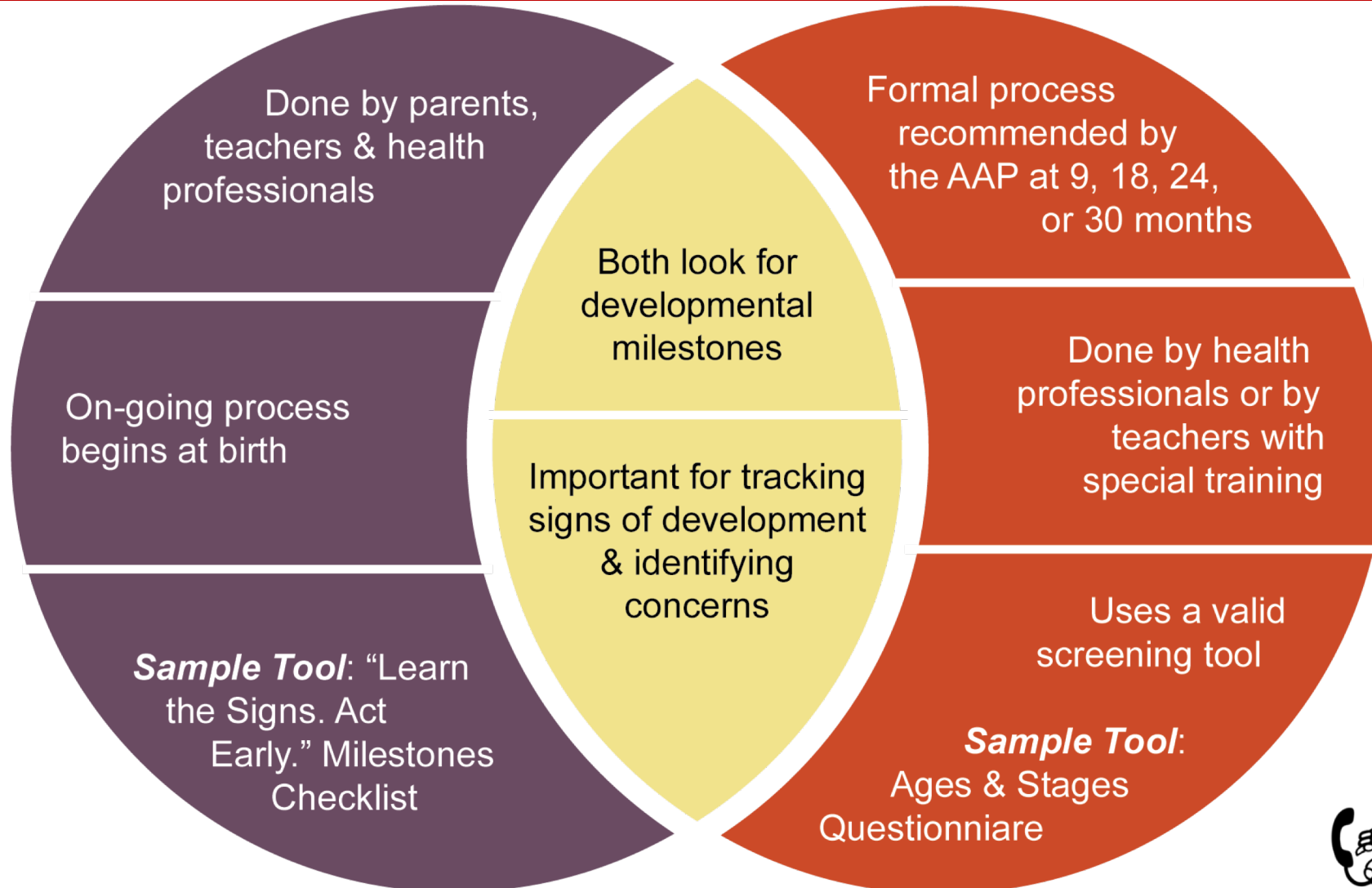
Learn strategies for reviewing results of screeners with patients and families

Surveillance vs Screening



DEVELOPMENTAL SURVEILLANCE OR MONITORING

DEVELOPMENTAL SCREENING



Approach to Surveillance



Elicit and attend to parent concerns



Observe parent-child interactions



Record findings and plans



Maintain a developmental history



Identify strengths, risks, and protective factors



Share results with other relevant providers

“What are some things you and your baby do together?”

“Is there anything your baby does or does not do that concerns you?”



“What are some things your baby likes to do?”

“Has your baby lost any skills he/she once had?”

Elicit and attend to parental concerns

Ask parents if they have any concerns about their child's development, behavior, or learning



Maintain a developmental history

Reviewing the developmental history over time
can identify developmental abnormalities or
deviations



Observe parent-child interactions

(e.g., responsiveness of the parent to the child's cues)



Identify strengths, risk, and protective factors



Record findings and plans



Share results with other relevant providers

Do caregivers know best?

- Research shows that **parents' concerns** are as **accurate** as quality screening tests
- Parents **raise important concerns** regardless of differences in education and child-rearing experience
- Parents are typically **the first** to be **concerned** with their child's development



Approach to Surveillance



Encourage



Conduct



Refer

Providers should **not** take a “wait and see” approach

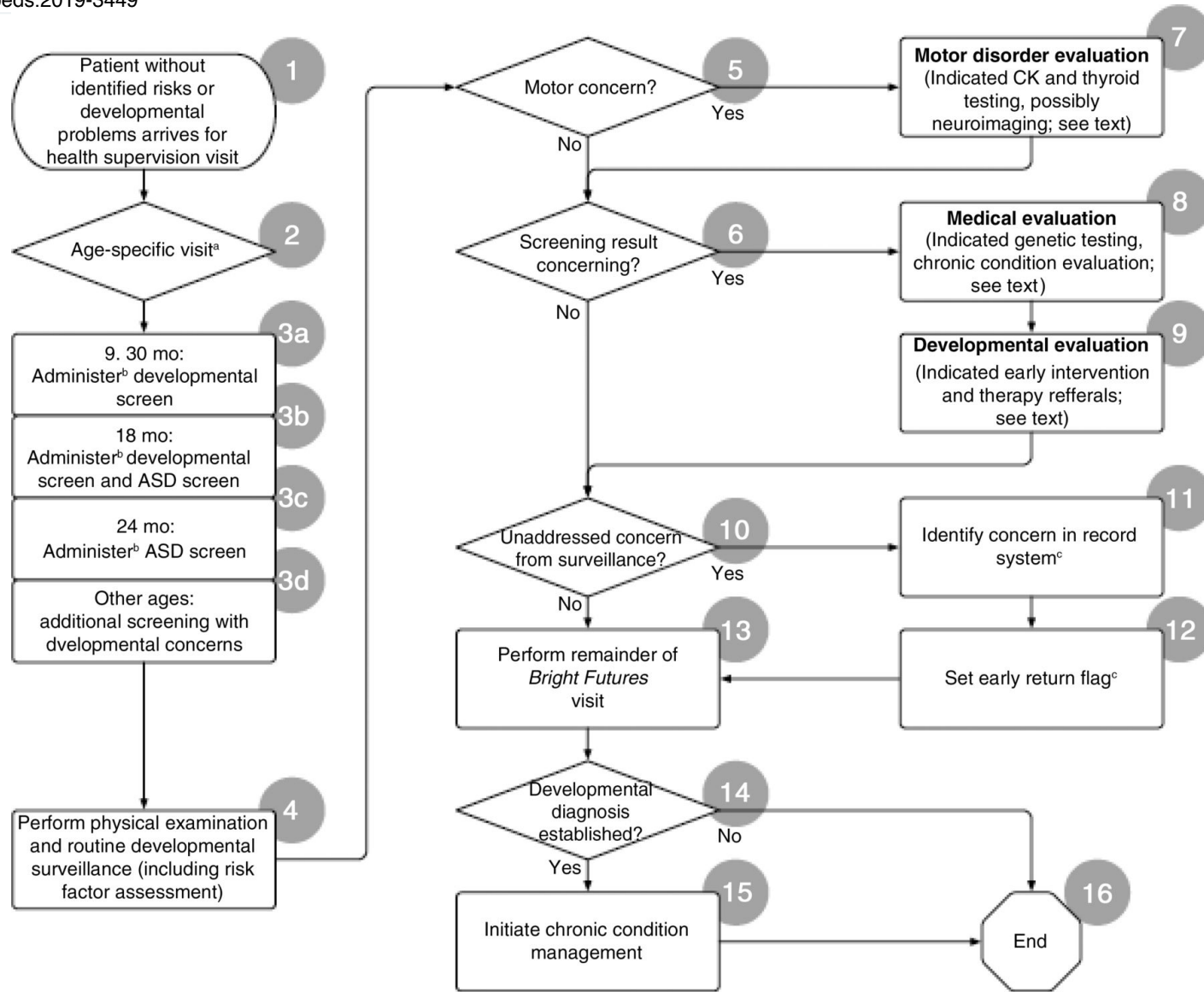
Approach to Screening in Early Childhood



- Screening involves using a standardized test to identify developmental and behavioral disorders
- Screening should be done when the child is:
 - 9, 18, and 24/30 months
- Typically administered by:
 - Early childhood educators
 - Mental health providers
 - Health care providers

From: Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening

Pediatrics. 2020;145(1). doi:10.1542/peds.2019-3449



Why Screening for Behavioral and Emotional Problems



- **11-20%** of U.S. children have a behavioral and emotional (B/E) disorder
- **10-15%** of preschool children have developmental delays. **1-3%** of preschool children have global developmental delays
- Anxiety and ADHD often emerge **early** in childhood
- **Disparities in race** can lead to **over-identification** and **under-identification** of developmental delays and behavioral problems

The case for routine Behavioral and Emotional Screening

Estimates report that

1 in 8 children with
identified mental health
problems receive treatment



Fewer than 50% of
those with clinically significant B/E
problems are detected

MYTH

VS

FACT

There are no adequate screening tools for preschoolers



Many screening tools have sensitivities and specificities greater than 70%

A great deal of training is required to administer screening tools accurately



Training requirements are not extensive for most screening tools. Most can be administered by nurses, office staff and paraprofessionals.

Screening takes a lot of time



Many screening tools take less than 15 minutes to complete and less than 2 to score

Tools that rely on parent report are not valid



Parent concerns are generally valid and predictive of developmental delays

Selecting the Right Screening Tool

- Reliability and validity
- Sensitivity and specificity
- Evidence-based
- Administration time
- Literacy levels

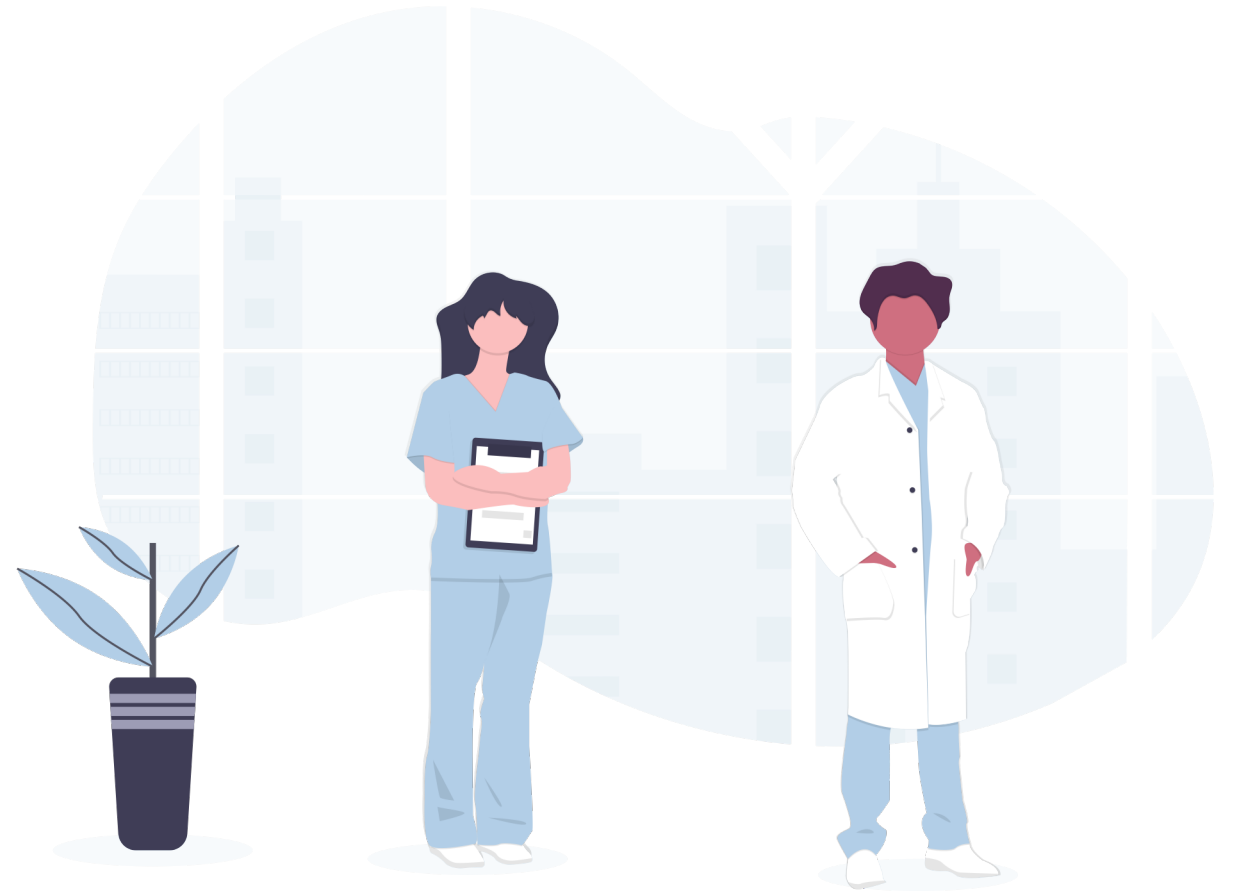


A medical office setting with a clipboard, a stethoscope, and a pen on a desk. The background is slightly blurred, showing a computer monitor and a vase with flowers. A red horizontal bar is at the top of the image.

Screening Instruments


How to administer

- Can have parents fill out
- Can interview parents
- Can administer items with child



Social/Emotional/Behavioral Screeners



BRIGHT FUTURES  TOOL FOR PROFESSIONALS

Pediatric Symptom Checklist (PSC)

Bright Futures:
Mental Health
available
online



Ages and Stages Questionnaire: Social-Emotional-2

Description

- Screening and surveillance of social-emotional and mental health milestones
- Assesses self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people
- 9 age-specific forms

Age range

- 1-72 months

Administration

- 19-33 items depending on age-specific form
- 10-15 minutes

Access information

- Available for purchase via www.agesandstages.com or www.brookespublishing.com

Pediatric Symptom Checklist (PSC-17b)

Description

- General psychosocial screening and functional assessment in the areas of attention, externalizing symptoms, and internalizing symptoms

Age range

- 4-16 years

Administration

- 17 items
- Less than 5 minutes

Access information

- Available for free download via massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist

Strengths and Difficulties Questionnaire (SDQ)

Description

- Screens resilience and psychosocial risk for mental health and social-emotional behavioral skills
- Generates indicators for conduct problems, hyperactivity, emotional symptoms, peer problems, and prosocial behavior
- Parent, teacher, and youth self-report measures

Age range

- 3- to 4-year-olds
- 4- to 17-year-olds

Administration

- 22 items for 3- to 4-year-old version
- 25 items for 4- to 17-year-old version
- 5-10 minutes

Access information

- Available for free download via www.sdqinfo.org

The Survey of Well-being of Young Children (SWYC): Baby PSC

Description

- Screens social-emotional health and behavior

Age range

- 1-18 months

Administration

- 12 items
- 5 minutes

Access information

- Available for free download via www.theswyc.org

SWYC: Preschool PSC

Description

- Screens social-emotional health and behavior

Age range

- 18-65 months

Administration

- 18 items
- 5 minutes

Access information

- Available for free download via www.theswyc.org



Developmental Screening

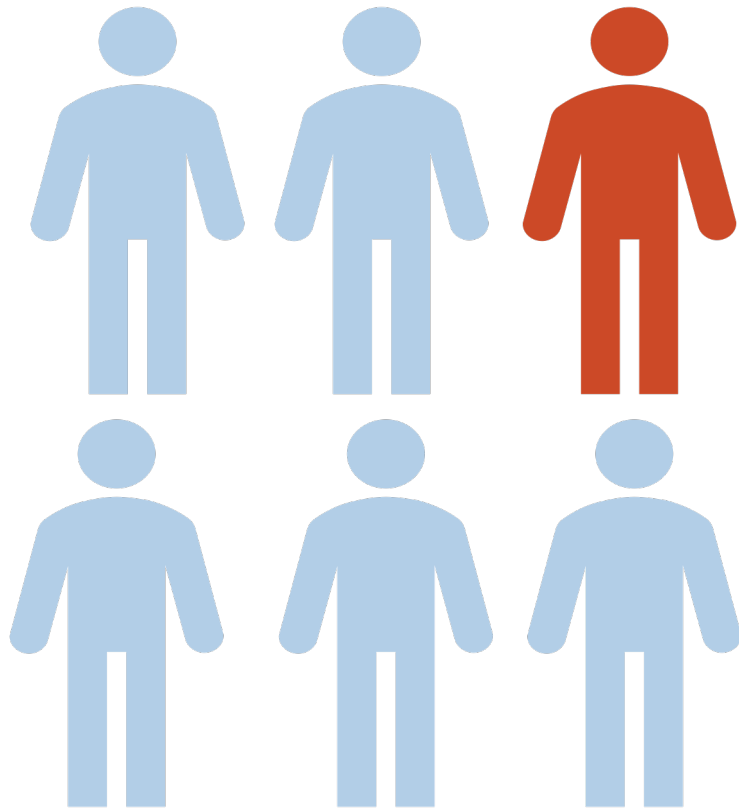
Importance of Developmental Screening

- Screening is effective
- Mental illness and developmental delays may lead to multiple negative outcomes
- Half of children in general population do not get services before entering school



1 in 6 children

have a developmental disability



1 in 44 children

have autism spectrum disorder (ASD)



Why Screen Development

- Detection rates of developmental disorders are **lower** than prevalence rates
- Identification of delayed or disordered development **promotes identification** of medical conditions and complications



AAP Pediatrics 2006



Developmental Screeners

The screenshot shows the PEDSonline/MyAdmin interface for CMC Lake City. It displays a table of children with columns for Name, Age, Date, and Status. The table lists several children, including JESSICA, JACOB, and JACOB, with their respective ages and screening dates. The interface includes a search bar and a list of children on the left side.

Name	Age	Date	Status
JESSICA	18 months	10/20/10	Pass
JACOB	18 months	10/20/10	Pass
JACOB	18 months	10/20/10	Pass



The form is titled "Parents' Evaluation of Developmental Status (PEDS) Interpretation form". It includes a table with five rows, each representing a different path (Path A through Path E) and their corresponding actions. The table has columns for "Path" and "Action".

Path	Action
Path A: Screen Pass	Continue to monitor and encourage development.
Path B: Screen Fail	Refer to a specialist for further evaluation.
Path C: Screen Pass	Continue to monitor and encourage development.
Path D: Screen Fail	Refer to a specialist for further evaluation.
Path E: Screen Pass	Continue to monitor and encourage development.

Ages and Stages Questionnaires-3

Description

- Parent-completed
- Screens communication, gross motor, fine motor, problem-solving, personal adaptive skills

Age range

- 2-60 months

Administration

- 30 items
- 10-15 minutes

Access information

- Available to purchase via www.agesandstages.com or www.brookespublishing.com

Parents' Evaluation of Developmental Status (PEDS)

Description

- Parent interview
- Screens for developmental and behavioral problems needing further evaluation
- Same form is used for all ages

Age range

- 0-8 years

Administration

- 10 items
- 2-5 minutes

Access information

- Available for purchase via www.pedstest.com

PEDS: Developmental Milestones Screening Version

Description

- Parent interview
- Screens for developmental and social-emotional problems

Age range

- 0-8 years

Administration

- 6-8 items per age level
- 4-6 minutes

Access information

- Available for purchase via www.pedstest.com

The Survey of Well-being of Young Children (SWYC): Milestones

Description

- 12 age-specific forms
- Keyed to pediatric periodicity schedule
- Includes cognitive, language, and motor skills

Age range

- 1-65 months

Administration

- 10 items
- 5 minutes

Access information

- Available for free download via www.theswyc.org

A medical desk with a clipboard, stethoscope, and pen. The background is a blurred office setting with a red banner at the top.

Autism Screening

When to Screen

Routine ASD surveillance should happen at every well-child visit. The AAP recommends that all children receive a standardized developmental screener at:

- **9 months**
- **18 months**
- **30 months**

In addition, all children should be screened specifically for ASD at:

- **18 months**
- **24 months**



ASD Screeners

Child Name	Age	Screened	Status	Notes
AKASH, A	2;00	2018-09-18	Screened	Parental concerns about social interaction
AKASH, A	2;00	2018-09-18	Screened	Parental concerns about communication
AKASH, A	2;00	2018-09-18	Screened	Parental concerns about behavior
AKASH, A	2;00	2018-09-18	Screened	Parental concerns about overall development
AKASH, A	2;00	2018-09-18	Screened	Parental concerns about specific skills



The PEDS Interpretation form is a structured document with an orange header and a white body. It includes a title 'Parents' Evaluation of Developmental Status (PEDS) Interpretation form' and a logo for the University of Maryland. The form is organized into two columns: 'Child's age' and 'Developmental status'. Each row contains a question (e.g., 'Has your child had any health problems in the last 12 months?') and a corresponding answer box. Below the form, there are sections for 'Specific decisions' and 'Notes'.

Social Communication Questionnaire (SCQ)

Description

- Parent –completed
- Identifies children at risk for autism

Age range

- 4+ years

Administration

- 40 items
- 5-10 minutes

Access information

- Available for purchase via www.wpspublish.com

Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)

Description

- Parent –completed
- Identifies children at risk for autism
- Follow-up clinician administered questions

Age range

- 16-30 months

Administration

- 20 items
- 5-10 minutes

Access information

- Available for free download via www.mchatscreen.com

A medical office setting with a clipboard, stethoscope, and pen on a desk. The background is a blurred image of a desk with a stethoscope, a pen, and a clipboard. A red banner is at the top of the image.

Pediatric Mental Health Screening

Importance of Mental Health Screening

- 1 in 5 US Children have a diagnosable mental health disorder
- According to the CDC, in 2016-2019 children aged 3-17 years presented with:
 - ADHD-9.8%
 - Anxiety-9.4%
 - Behavior Problems-8.9%
 - Depression-4.4%
- Standardized screening tools are more effective than clinical assessment alone
- Universal screening:
 - Reduces risk of missing children with mental health conditions
 - Promotes prevention and intervention



Adolescents and Depression



- According to the CDC, in 2018-2019 adolescents aged 12-17:
 - 15.1% had a major depressive episode
 - 36.7% experienced persistent feelings of sadness/hopelessness
 - 18.8% seriously considered attempting suicide
 - 15.7% made a suicide plan
 - 8.9% attempted suicide
 - 2.5% made as suicide attempt requiring medical intervention

Pediatric Mental Health Screeners

SDQ



Patient Health
Questionnaire
Modified for
Adolescents
(PHQ-A)

Pediatric Symptom Checklist-17 (PSC-17)

Description

- Screens a broad range of behavioral health concerns
- Assesses internalizing, externalizing, and attention problems
- Completed by caregivers or youth if ≥ 11 years old

Age range

- 4- to 18-year-olds

Administration

- 17 items
- 3-5 minutes

Access information

- Available for free download via <https://www.massgeneral.org/psychiatry/treatment-s-and-services/pediatric-symptom-checklist>

Strengths and Difficulties Questionnaires (SDQ)

Description

- Screens a broad range of behavioral health concerns
- Assess 25 attributes among 5 scales (emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, prosocial behavior)
- Completed by caregivers, teachers or youth if ≥ 11 years old

Age range

- 3- to 17-year-olds

Administration

- 25 items
- 10 minutes

Access information

- Available for free download via <https://www.sdqinfo.org/>

Patient Health Questionnaire-Modified for Adolescents (PHQ-A)

Description

- Screens for presence and severity of depressive symptoms in adolescents
- Completed by adolescents

Age range

- 11- to 18-year-olds

Administration

- 9 items
- Less than 5 minutes

Access information

- Available for free download via https://www.phqscreeeners.com/images/sites/g/files/g10060481/f/201412/PHQ-9_English.pdf

Ask Suicide-Screening Questions (ASQ)

Description

- Screens for suicide risk
- Self-report

Age range

- 10- to 24-year-olds

Administration

- 4 items
- 20 seconds

Access information

- Available for free download via https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening_tool_asq_nimh_toolkit_1.pdf

SCARED

Description

- Screens for symptoms of anxiety
- Assesses panic/somatic, generalized anxiety, social anxiety, separation anxiety, and school refusal
- Self-report and caregiver report versions

Age range

- 8-year-olds and older

Administration

- 41 items
- 5 minutes

Access information

- Available for free download via https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/ScaredChild.pdf

Vanderbilt Assessment Scales

Description

- Screens a broad range of behavioral health concerns
- Assesses inattention, disruptive behavior, anxiety, depression, and functioning in school performance
- Completed by caregivers and/or teachers

Age range

- 6- to 12-year-olds

Administration

- 55 items on parent form
- 43 items on teacher form
- 10 minutes

Access information

- Available for free download via <https://nichq.org/sites/default/files/resource-file/NICHQ-Vanderbilt-Assessment-Scales.pdf>

Reviewing Results

Steps following Screening

- Reviewing results
- Assess for and respond to suicide risk
- Referrals for assessment and services

How to discuss results:



Focus on concerns



Don't be definitive



Explain why they are referred

Reviewing Results

- Regardless of results
 - Restate your motivation to ask them to fill it out, and that it's a place to start a discussion
 - Ask if they had any ideas or concerns while filling it out
 - Follow up with them if “yes”
 - Can probe for misunderstanding or confusion about any items
 - If everything is negative
 - Comment on this and ask one more time for concerns
 - Can say that we know we can't ask every question so don't always capture every possible issue
 - State your willingness to talk about these things in the future

If there are some positive items or an overall positive score

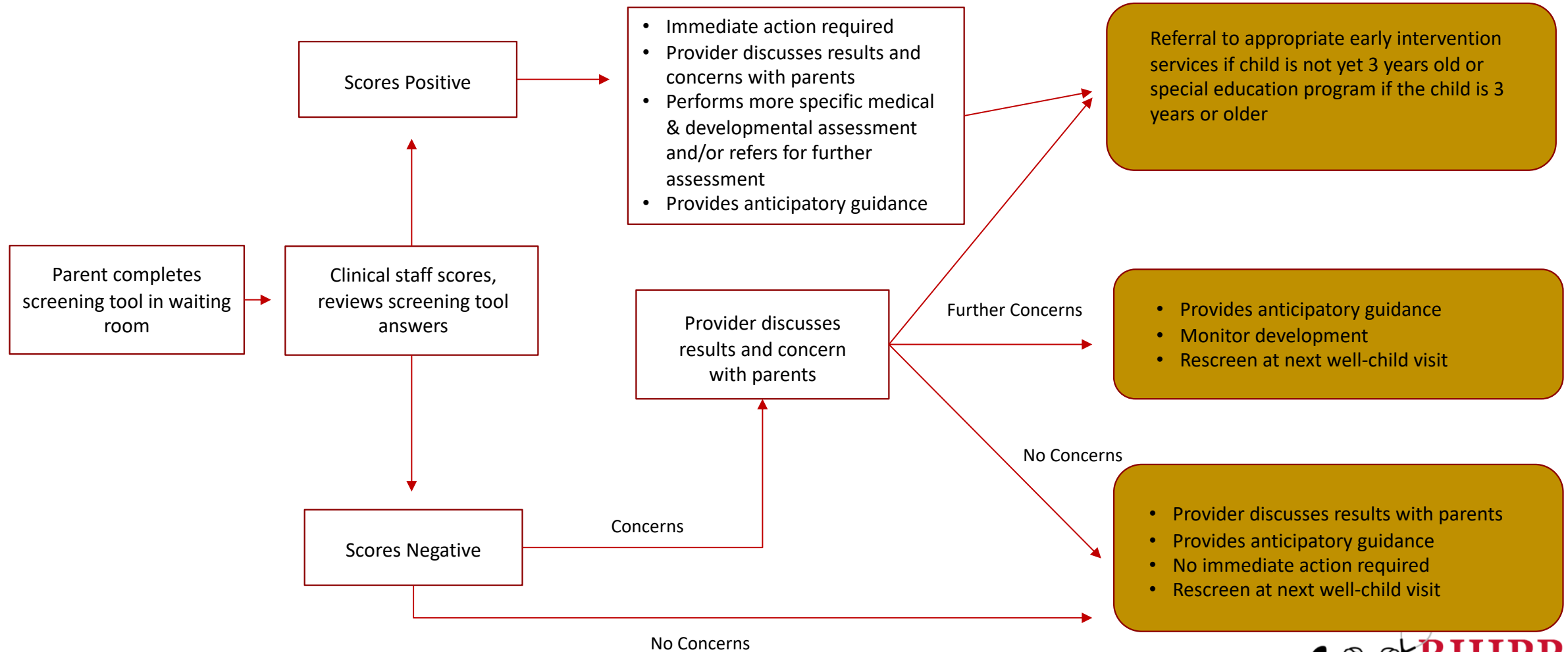
- “I see that you’ve marked _____, can you tell me more about that?”
- Ask about impact on function (school, home, peers)





- If screener is positive, it **does not** mean child will receive a diagnosis
- If screen is normal, but you still have worries, **refer** for further evaluation

Pediatric Developmental Screening Flowchart



Provider Response to Suicide Risk

Provider must follow up to address threat of harm

Do not avoid uncomfortable questions

Assess for thoughts, plan, intent

Acknowledge patient's wisdom in being honest

Be clear about your role

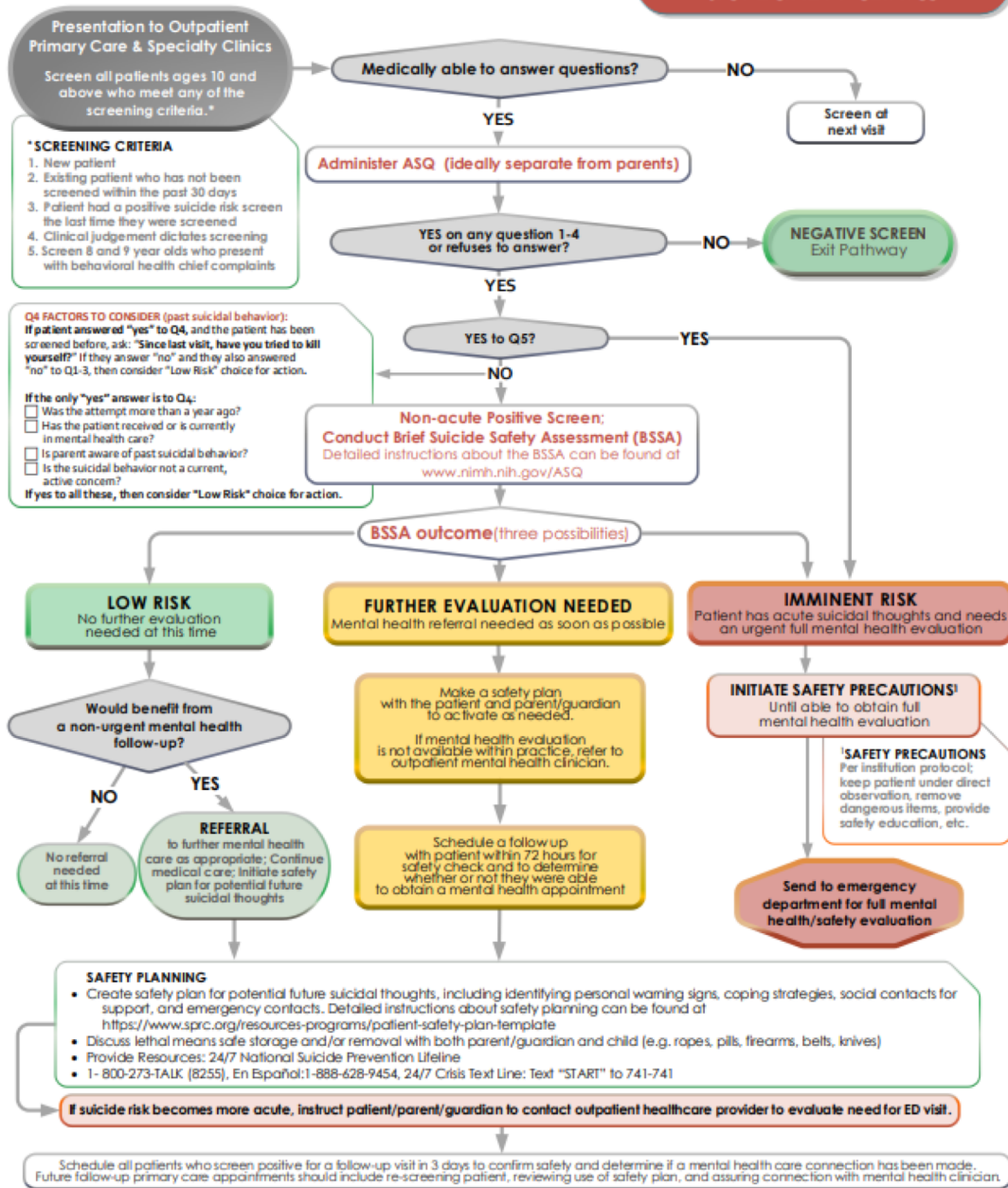
Give resources

Contract for safety

Follow up

YOUTH SUICIDE RISK SCREENING PATHWAY

OUTPATIENT PRIMARY CARE & SPECIALTY CLINICS



Implementation Barriers

- What are some of the things that will get in your way of implementing screeners?
 - Developing procedures
- Once we identify the barriers, we can begin to problem-solve solutions!
- These solutions then can bring about a plan, which then turns into a routine (very similar to behavior changes we coach caregivers to enact...)



Barriers to Behavioral/Emotional Screening

Long waits to be seen
by mental health
providers

Lack of available
mental health
providers

Liability issues
around screening
children/mothers
with B/E problems

Reimbursement by
insurance for
administering
screeners

**Are there other
barriers you have
come across or can
think of?**

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Thank you!

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