

Curbside Consultation for Psychiatric Questions

What are the goals of psychiatric consultation?

- ◆ Allow providers to continue treating their patients with behavioral or psychiatric issues within their medical home
- ◆ If complex patients require referral, provide recommendations about the best referral options

Why consultation services can be important to providers of children birth to 5 years?

- ◆ Approximately 50% of all mental illness emerges by the end of junior high school
- ◆ Mental illness has relatively high heritability
- ◆ Adverse childhood events, even before the child is verbal, contribute significantly to mental illness

What Questions Can I Ask?

- ◆ **Basically Anything Related to Mental Health!**
- ◆ Medication Questions Resources and referrals
- ◆ Diagnostic Questions School Issues
- ◆ Parent Guidance Crisis Intervention
- ◆ Medication Evaluation Screening Tool Questions
- ◆ Please see the summary of common questions and concerns related to early childhood mental health (reverse)

How Can I Receive More Information?

Kafi Dixon, Coordinator
Consult Request Line: 855-275-4444
kafi-dixon@uiowa.edu
319-356-3715 Fax



Abuse – Emotional, Physical, or Sexual

Emotional, physical, or sexual abuse or neglect diagnoses can be difficult to make as well as being time consuming. Frequently, children who have been neglected or abused exhibit either significant withdrawal or significant aggression. Ask about making the diagnosis, DHS reporting, how to effect trauma-informed care, etc.

ADHD:

While ADHD is the most common mental health issue seen in primary care offices, there are numerous variations – genetic vulnerability, adverse experiences, in utero exposures, overall brain abnormalities. Questions about dosing, choice of medication, need for therapy, alternative treatment options, are common.

Anxiety/OCD/PTSD

Anxiety is an emotion most children do not easily recognize and they frequently react with anger. In obsessive-compulsive disorder, because of the bimodal age of onset, young children's compulsive behaviors may represent early-onset OCD. For PTSD, trauma to children may occur prior to their ability to formulate permanent memories. Ask about distinguishing anxiety from OCD/PTSD, therapy vs medication, finding best therapy option, etc.

Autism Spectrum Disorder

Earlier diagnosis leads to better prognosis, so increased awareness in infants and toddlers is especially important. Research shows that the diagnosis cannot be based on parental report alone. The gold standard for diagnosis is the ADOS (Autism Diagnostic Observation Schedule). Treatment is usually designed to treat individual symptoms from comorbid conditions, such as ADHD, anxiety, gender dysphoria, and oppositional behaviors because of rigidity. Ask about treating symptoms, finding ABA, comorbidities, etc.

Depression and Suicidal Ideation

Increasingly prevalent in younger population with CDC now collecting suicide data in children 5, 6, and 7 years old. Symptoms can range from anhedonia, sleep or appetite disturbance, increased irritability, or aggressive behaviors. Questions about need for referral to a psychiatrist, best therapy, or use of medications are common.

Disruptive/Oppositional Defiant/Conduct Disorder Behaviors

Disruptive behaviors – at home, at school, or both – are among the most frequent problems concerning parents. Frequently parents are seeking medication when therapy is usually the most effective treatment. Ask about impacts of parent-child relationship problems, working with families and schools to effect change, when to seek out-of-home treatment,

Gender/LGBTQ Issues

Gender identity usually is in place by age 3-4 years. Gender uncertainty/dysphoria can be more frequent in certain populations, such as children with a history of emotional, physical or sexual abuse or with a diagnosis of autism. Ask about whether to reassure parents or whether to seek additional evaluation, treatment options, etc.

Intellectual Disabilities

Many families overestimate the IQ of their child and, as a result, expectations exceed the child's ability to meet them. Low frustration tolerance, high irritability, frequent aggression can represent limited options due to low IQ. Questions about when and how to refer for additional testing are sometimes asked.

Tic Disorders

Vocal tics are frequently not diagnosed because they appear to be part of a cold or a deliberate annoying behavior, such as throat clearing, sniffing, coughing, etc. Stimulants can cause tics to emerge in genetically vulnerable child. Treatment options always require a risk-benefit analysis. New therapies are proving effective. Ask about making the diagnosis, best treatment options, genetic vulnerability, impact of stress, therapies available, etc.

Therapy Questions

Frequently the primary or combined recommended treatment includes therapy. Common questions include which therapies are best for children, when they should be used as solo vs combo treatment, and the differences between therapies, such as Play therapy, Parent-Child Interaction Therapy (PCIT), Cognitive-Behavior Therapy (CBT), Trauma-focused CBT (TF-CBT), Dialectical Behavior Therapy (DBT), and ACT (Acceptance and Commitment Therapy).