Skills for the Child and Adolescent Psychiatrist Within the Pediatric Primary Care Setting

Jessica Jeffrey, MD, MPH, MBA, and D. Richard Martini, MD

Behavioral health symptoms are a common presenting complaint within the pediatric outpatient setting. In fact, behavioral health symptoms account for 15% of chief complaints[1] and inform 50% of presentations within outpatient pediatric practices.[2] Yet, despite the pervasiveness of behavioral health symptoms, only 20% of children with a behavioral health disorder in the United States receive treatment.[3] In order to increase access to high-quality behavioral healthcare, pediatric settings are beginning to implement integrated behavioral healthcare programs.[4] Within integrated behavioral health programs, child and adolescent psychiatrists collaborate with pediatric primary care clinicians and care managers and improve patient outcomes.[5]

The American Academy of Pediatrics recognizes that pediatric primary care clinicians have a responsibility to prevent and address behavioral health problems.[6] However, barriers to the provision of behavioral healthcare by pediatric primary care providers exist; these include short appointment times,[7] inadequate reimbursement for behavioral health services,[8] limited specialized training in behavioral health issues,[1] and challenges to accessing child psychiatrists for consultation.[9] To promote the successful delivery of behavioral health services within the pediatric primary care setting, child and adolescent psychiatrists must work collaboratively with the integrated behavioral health team. The role of the child and adolescent psychiatrist within an integrated behavioral health team represents a paradigm shift from traditional outpatient psychiatric clinical practice, and one in which a distinct skill set and clinical practice style are required to guide care. This article briefly reviews the composition of a typical pediatric primary care integrated behavioral health team, and it provides an introduction to three basic skills a child and adolescent psychiatrist should possess in order to work effectively within the integrated behavioral health model.

The Integrated Behavioral Health Team

The integrated behavioral health team generally includes the pediatric primary care provider, care manager, and consulting child and adolescent psychiatrist, who also functions as the team's leader. Behavioral health services are delivered within the outpatient pediatric clinic setting. Within an integrated behavioral health team, the primary care provider's role includes initial assessment of behavioral health symptoms and initiation of treatment, including prescription of psychotropic medications as appropriate.[10] The care manager is embedded in the pediatric clinic with the pediatric primary care provider. He or she provides care coordination services, monitors treatment progress, administers brief evidence-based interventions[10] and, as needed, facilitates referrals to more intensive levels of care. Depending on the integrated care practice, a child may be referred to another behavioral health provider to receive a specific evidence-based treatment. Often nurses, social workers, or psychologists undertake the role of care manager. However, the American Academy of Child and Adolescent Psychiatry (AACAP) recommendations for the role of care manager allow for practices in smaller communities to use staff members or even local family members whose children have received behavioral health services as care managers. The use of staff members or local family members eliminates the need for behavioral health training and focuses the position more on triage and communication.[11] The primary role of the child psychiatrist within the pediatric primary care setting is to perform consultation-liaison functions. The child psychiatrist reviews the care manager's caseload with the care manager, consults with

the pediatric primary care clinician and care manager regarding patients not making clinical improvements, and directly evaluates treatment-resistant patients and those with more severe behavioral health issues. The child psychiatrist may be embedded part-time within the pediatric primary care clinic or available via telepsychiatry platform. To guide care within an integrated care setting, a child and adolescent psychiatrist should have familiarity with measurement-based treatment to target principles, be able to effectively deliver both indirect and direct consultation services to the integrated care team, and embrace the role as a leader of the interprofessional team. The child and adolescent psychiatrist should also either be available to provide services for patients who require tertiary psychiatric care or be able to provide a referral for those services. Importantly, the integrated behavioral health team should also support active roles for the patients and families on the treatment team that will encourage their participation in education, self-management, and peer-supported activities that encourage recovery and wellness.

Three Basic Skills for the Child and Adolescent Psychiatrist Within the Integrated Care Team

1) Familiarity with measurement-based treatment to target principles: Measurement-based treatment to target includes systematic review of patients' progress in treatment, as tracked through examination of patients' scores on psychometrically validated rating scales within a registry system.[10] Rating scales are generally administered within the primary care setting by the care manager, although they may also be administered within a more specialized behavioral health setting as needed. Patients generally complete rating scales at 3-month intervals. The care manager working on the integrated behavioral health team is assigned the role of tracking patients' progress in treatment. The child psychiatrist and care manager review the care manager's caseload together, with emphasis on patients who are not experiencing symptom relief, as demonstrated by lack of improvement in behavioral health rating scale scores. With the goal of remission of symptoms, the child psychiatrist may recommend increased dose or a change in psychotropic medication (prescribed by the pediatric primary care provider), a change in therapy approach, or an increase in treatment intensity. Within the stepped-care approach, the child psychiatrist must be comfortable using the combination of registry data and his or her clinical judgment to determine when a patient requires direct evaluation by the child psychiatrist, rather than indirect provision of care through guidance provided to the pediatric primary care clinician and care manager. Providing the least extensive care needed for positive results is referred to as the stepped-care approach to treatment[10] and is a fundamental concept within integrated care models.

The child psychiatrist should be familiar with rating scales commonly used to track progress in treatment through a registry system. In addition to being able to use these rating scales to track treatment progress, the child psychiatrist should feel comfortable teaching pediatric providers about use of the rating scales for screening and treatment monitoring. Measures to assess depression, anxiety, and attention-deficit/hyperactivity disorder (ADHD) symptoms may be most commonly employed. Please see Table 1 for commonly used rating scales in pediatric integrated behavioral health settings. It is preferable to use measures that are readily accessible, without cost, within the public domain.

2) Comfort with providing consultation services to the integrated care team: A primary role of the child psychiatrist within an integrated behavioral health team is to engage in indirect service collaboration with care managers and pediatric primary care physicians. As appropriate, child psychiatrists also provide direct consultation services when they evaluate a patient in-person. The child psychiatrist may decide to provide direct care for a patient who has not been making progress in treatment.

Indirect service collaboration requires that the child psychiatrist feels comfortable with diagnosing and providing treatment recommendations (including medication, therapy, most appropriate level of care) for patients he or she has not directly evaluated. Components of indirect service collaboration include caseload-based

Table 1. Commonly Used Rating Scales in Pediatric Integrated Behavioral Health Settings

RATING SCALE	DESCRIPTION	AGES	REFERENCE
PHQ-9	9 items	≥ 12 years	12
SCARED	41 items; Assesses symptom domains such as somatic symptoms, school avoidance, social anxiety, separation anxiety, and generalized anxiety	≥ 8 years	13
SNAP-IV	18 items	6-18 years	14
Vanderbilt ADHD Parent Rating Scale	55 items	6-12 years	15
Parent–Young Mania Scale	11 items	5-17 years	16

Note: ADHD = attention-deficit/hyperactivity disorder; PHQ-9 = Patient Health Questionnaire 9; SCARED = Self-Report for Childhood Anxiety Related Emotional Disorders; SNAP-IV = Swanson, Nolan and Pelham–Fourth Revision.

supervision with a care manager, as described above, and consultation with the care manager and pediatric primary care provider. Within the integrated care model, the child psychiatrist must be able to efficiently review medical records and glean important clinical information from the care manager's or pediatric primary care provider's case presentations. The child psychiatrist must learn which questions are most important to ask the case presenter in order to obtain enough information to make a working diagnosis and initial recommendations.[19] Importantly, the child psychiatrist needs to be able to rule out high-risk conditions, which may immediately require a higher level of care, and triage patients to the most appropriate level of care (i.e., treatment within primary care integrated behavioral health model vs. referral to a community provider for more specialized treatment). The child psychiatrist synthesizes the information provided, creates an integrated care plan, and supports the team in implementation of the care plan. Due to the fact the child has not been evaluated directly, the child psychiatrist must be comfortable initiating a treatment plan without an exact diagnosis; the treatment plan within an integrated care case review is an iterative process.[17] The ambiguity inherent in providing indirect consultation may create discomfort for child psychiatrists who are not familiar with practicing within the integrated behavioral health model. However, within the integrated care model, the child psychiatrist needs to value practicality and the importance of beginning treatment in order to prevent negative health outcomes over certainty in diagnosis.[4] Focused clinical recommendations may be provided to the team over the telephone, through written report, or a telepsychiatry platform, as indicated by the workflow within the clinic setting.

In order to effectively provide consultation services, the child psychiatrist needs to be familiar with the presentation and treatment of behavioral health conditions as they commonly present within the primary care setting.[17] This requires attunement to somatic manifestations of behavioral health conditions, such as depression and anxiety, as somatic symptoms are the principal chief complaint within primary care settings. Additionally, the child psychiatrist will often be asked to provide recommendations for children with treatment-refractory behavioral health conditions, as more straight-forward cases of depression and anxiety may be effectively treated by the pediatric primary care provider. The child psychiatrist should understand the common reasons for nonresponse to treatment. For instance, he or she should be attuned to the potential of misdiagnosis, as well as be able to investigate whether a child is taking an inadequate dosage of medication or is experiencing barriers to treatment that make it difficult to be adherent to treatment recommendations. When a patient's symptoms are not improving, the child psychiatrist may

decide to directly evaluate and treat the child. However, once the child has been stabilized and is on maintenance treatment for a stable, non-psychotic disorder, the pediatric primary care provider is expected to resume care, including refill maintenance.

As a key component of providing consultation services, the child psychiatrist needs to be proficient in the evidence-based practices commonly employed within the primary care setting. The child psychiatrist has a unique opportunity to act as a teacher and supervisor to the care manager in order to facilitate the delivery of evidence-based practices.[17] Common evidence-based practices include motivational interviewing, behavioral activation, cognitive-behavioral therapy, and parent behavior management skills training approaches, such as Triple P for Primary Care. The child psychiatrist should also be able to guide the care manager and pediatric primary care provider to provide anticipatory guidance for patients. Primary care physicians should understand when a patient requires a higher level of care and the resources than are available. The child and adolescent psychiatrist should, therefore, familiarize the primary care practitioner with the vulnerabilities that place a patient at greater risk and provide information on available community-based educational and behavioral health resources.

3) Ability to lead an interprofessional integrated behavioral health team: Within an integrated behavioral health team, the child psychiatrist assumes the very important role of team leader. As the team leader, the child psychiatrist is responsible for guiding patient care activities, as described above, and educating pediatric primary care providers and care coordinators as to best practices in behavioral health screening, evaluation, and treatment (medication and therapy). Additionally, the child psychiatrist should highlight risk factors for poor behavioral health and functional outcomes and promote preventive interventions.

In order to create and maintain a strong team, the child psychiatrist needs to function effectively as a team leader. He or she should to be able to engage the interprofessional team and build relationships characterized by trust and mutual respect with the team members. To

Table 2. Basic Skills for the Child and Adolescent Psychiatrist Within the Integrated Care Team

FAMILIARITY WITH MEASUREMENT-BASED TREATMENT TO TARGET PRINCIPLES	COMFORT WITH PROVIDING CONSULTATION SERVICES	ABILITY TO LEAD AN INTERPROFESSIONAL TEAM
■ Possess knowledge of rating scales ■ Employ a stepped-care approach to treatment ■ Provide consultation and supervision to care manager	■ Engage in indirect service collaboration with care managers and pediatric primary care providers ■ Be comfortable with diagnosing and providing treatment recommendations for patients not directly evaluated ■ Provide direct consultation services for patients who have not been making progress in treatment ■ Possess familiarity with the presentation and treatment of behavioral health conditions as they commonly present within the primary care setting ■ Be proficient in evidence-based therapies commonly employed within the primary care setting	■ Educate pediatric primary care providers and care coordinators as to best practices in behavioral health screening, evaluation, and treatment (medication and therapy) ■ Highlight risk factors for poor behavioral health and functional outcomes and promote preventive interventions ■ Cultivate effective interpersonal and communication skills to create a strong interprofessional team ■ Provide tertiary child and adolescent psychiatric support to the primary care practice

this end, it is important for the child psychiatrist to cultivate effective interpersonal and communication skills. He or she should collaborate well with team members and acknowledge their dedication to the patients they serve. When communicating patient recommendations, the child psychiatrist needs to be able to skillfully explain reasons for treatment approaches in order to promote the team's understanding of the plan and maintain positive working relationships.[17] Please see Table 2 for an overview of the basic skills for the child and adolescent psychiatrist within the integrated care team.

Further Your Knowledge

The three basic skills described above may be learned through self-study with hands-on experience and formal education. The textbook *Integrated Care: Working at the Interface of Primary Care and Behavioral Health*, edited by Lori Raney (2015), provides an excellent overview of integrated behavioral healthcare and discussion as to how to build skills in this emerging field. The AACAP Systems of Care, Collaboration with Primary Care website contains a wealth of information about integrated care and collaboration with other medical professionals.[18] Additionally, a previous article written by Jeffrey and Martini (2015) for *JAACAP Connect*, "Behavioral Health Integration Within Primary Care: A Primer,"[5] provides an overview of integrated behavioral health principles that may be useful to gain familiarity with this treatment model. Formal training in integrated care is offered by the University of Washington Department of Psychiatry and Behavioral Sciences through a one-year fellowship.[19]

Conclusion

The role of the child and adolescent psychiatrist within an integrated behavioral health team represents a paradigm shift from traditional outpatient psychiatric clinical practice. Three basic skills a child psychiatrist should possess to work effectively within the integrated behavioral health model include familiarity with measurement-based treatment to target principles, comfort with providing both indirect and direct consultation services to the integrated care team, and the ability to lead an interprofessional integrated behavioral health team. These skills can be developed through self-study with hands-on experience, and formal education.

Take Home Summary

Within integrated behavioral health programs, child and adolescent psychiatrists collaborate with pediatric primary care clinicians and care managers in order to provide high-quality behavioral healthcare for children. Child psychiatrists can learn the skills required to work effectively within the integrated behavioral health model and define their role in the pediatric health home as well as in population-based systems.

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About the Authors

Jessica Jeffrey, MD, MPH, MBA, is an assistant clinical professor in Child and Adolescent Psychiatry at the University of California, Los Angeles, where she is the associate director of the Division of Population Behavioral Health. Her interests include systems of care, integrated behavioral healthcare, and family-based resilience-enhancing preventive interventions for parental depression.

D. Richard Martini, MD, is a professor of Pediatrics and Psychiatry at the University of Utah School of Medicine, where he is chief of the Division of Pediatric Psychiatry and Behavioral Health in the Department of Pediatrics. He is also chair of the Department of Psychiatry and Behavioral Health and medical director of Behavioral Health Services at Primary Children's Hospital in Salt Lake City, Utah. Dr. Martini's interests include psychiatric illness in physically ill children and mental health integration in primary care.

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