

Boston Children's Hospital Department of Psychiatry and Behavioral Sciences

BEHAVIORAL HEALTH EDUCATION

for Pediatric Primary Care

A foundational 5-hour web-based video educational course for pediatric primary care practitioners (PCPs) focusing on the identification, assessment, early intervention, and treatment of mild to moderate presentations of anxiety, depression, and ADHD

- PCPs completing the course can acquire core mental health competencies developed by the American Academy of Pediatrics¹
- The course is accredited for 5.0 AMA PRA Category 1 Credits
- The cost for the course is \$250.00
- The course was created by Boston Children's Hospital Department of Psychiatry and is hosted on the Boston Children's Hospital Department of Education website: <u>https://bostonchildrens.cloudcme.com/buildingbridges</u>

The video course includes the following downloadable materials:



CLINICAL MANUAL FOR PEDIATRIC PRACTITIONERS

109 pages summarizing information presented in the course



GUIDED SELF-MANAGEMENT TOOLKIT FOR FAMILIES

267 pages providing self-management tools for patients and their parents

CLICK TO REGISTER



OBJECTIVE

To increase **access** to behavioral health services for children and adolescents

AIM

To enhance the **knowledge**, **skills**, **and confidence** of pediatric primary care practitioners (PCPs) to provide **safe and effective** management of **mild to moderate** presentations of psychiatric disorders **commonly seen** in their practices (i.e., anxiety, depression, ADHD)

In so doing, to conserve scarce specialty behavioral health resources for the most severe, complex, treatment resistant, and/or unsafe psychiatric disorders

COURSE SESSIONS ADDRESS:

Stepped Care Model

The stepped care model for behavioral health care in the primary care setting (i.e., identification, assessment, primary care management, specialty care management)

Screening

Universal behavioral health screening for anxiety, depression, ADHD, and behavior problems

Focused Assessment

Focused behavioral health assessment for anxiety, depression, ADHD, and behavior problems

Psychosocial Interventions

Evidence-based brief psychosocial interventions for mild to moderate anxiety, depression, ADHD, and behavior problems

Psychopharmacology

Evidence-based basic psychopharmacology for mild to moderate anxiety, depression, and ADHD

Triage of Care

Indications for triage to specialty care settings for consultation or ongoing care until stable

Prevention/Early Intervention Tools

Evidence-based tools for patients and parents for home selfmanagement of mild worries and fears, sad mood, executive skills dysfunction, and behavior problems



CORE COURSE SESSIONS

Behavioral Health Education for Pediatric Primary Care

GETTING STARTED

Pre-Course Survey

Introduction

DAVID DEMASO, MD - 14 MIN

- Rationale for behavioral health care in pediatric primary care
- Stepped model of behavioral health care

Universal Behavioral Health Screening and Clinical Assessment

HEATHER WALTER, MD, MPH - 26 MIN

• Universal screening using the Pediatric Symptom Checklist-17 (PSC-17)

ANXIETY

Understanding Anxiety

HEATHER WALTER, MD, MPH — 20 MIN

• Phenomenology, prevalence, etiology, comorbidities, course, prognosis, types

Identifying/Assessing Anxiety

HEATHER WALTER, MD, MPH - 11 MIN

- Universal screening for worries/fears
 - PSC-17
- Focused assessment of anxiety
 - Focused symptom rating scales
 - Scale for Child Anxiety Related Emotional Disorders (SCARED)
 - Generalized Anxiety Disorder-7 (GAD-7)
 - Focused clinical interview
 - History, severity, complexity (medical and psychosocial), safety
 - Categorization of presentation as mild, moderate, or severe

Treating Anxiety

HEATHER WALTER, MD, MPH - 28 MIN

- Evidence-based psychosocial intervention
 - Focused cognitive-behavioral intervention

- Evidence-based basic psychopharmacology
 - Safe and effective use of selective serotonin reuptake inhibitors
 - Indications for triage to specialty care
 - Levels of specialty care

Guided Self-Management for Worries/Fears

KENEISHA SINCLAIR-MCBRIDE, PHD — 10 MIN

- Evidence-based cognitive-behavioral elements for practice at home
 - Fear thermometer
 - Relaxation skills
 - Thinking traps
 - Facing your fears

DEPRESSION

Understanding Depression

HEATHER WALTER, MD, MPH - 16 MIN

• Phenomenology, prevalence, etiology, comorbidities, course, prognosis, types

Identifying/Assessing Depression

HEATHER WALTER, MD, MPH - 15 MIN

- Universal screening for sad mood
 - PSC-17
- Focused assessment of depression
 - Focused symptom rating scales
 - Mood and Feelings Questionnaire (MFQ)
 - Patient Health Questionnaire-9 (PHQ-9)
 - Focused clinical interview
 - History, severity, complexity (medical and psychosocial), safety
 - Categorization of presentation as mild, moderate, or severe

Treating Depression

HEATHER WALTER, MD, MPH - 27 MIN

- Evidence-based psychosocial intervention
 - Focused cognitive-behavioral intervention
- Evidence-based basic psychopharmacology
 - Safe and effective use of selective serotonin reuptake inhibitors
 - Indications for triage to specialty care
 - Levels of specialty care

Guided Self-Management for Sad Mood

KENEISHA SINCLAIR-MCBRIDE, PHD — 7 MIN

- Evidence-based cognitive-behavioral elements for practice at home
 - Mood tracking
 - Making time for fun

- Relaxation skills
- Thinking traps
- Problem solving

ADHD

Understanding ADHD

HEATHER WALTER, MD, MPH - 11 MIN

• Phenomenology, prevalence, etiology, comorbidities, course, prognosis, types

Identifying/Assessing ADHD

HEATHER WALTER, MD, MPH - 10 MIN

- Universal screening for inattention/hyperactivity/behavior problems
 - PSC-17
- Focused assessment of ADHD/disruptive behavior
 - Focused symptom rating scales
 - Vanderbilt ADHD Diagnostic Rating Scale (Vanderbilt)
 - Swanson Nolan And Pelham Scale-IV-26 (SNAP-IV-26)
 - Focused clinical interview
 - History, severity, complexity (medical and psychosocial), safety
 - Categorization of presentation as mild, moderate, or severe

Treating ADHD

HEATHER WALTER, MD, MPH - 31 MIN

- Evidence-based psychosocial intervention
 - Home- and school-based interventions
 - Focused executive skills training
 - Focused behavioral parent training
- Evidence-based basic psychopharmacology
 - Safe and effective use of stimulants, alpha agonists
 - Indications for triage to specialty care
 - Levels of specialty care

Guided Self-Management for Inattention/Disorganization

$\mathsf{ERICA}\,\mathsf{LEE},\,\mathsf{PHD}-\mathsf{10}\,\mathsf{MIN}$

- Evidence-based executive skills training elements for practice at home
 - Household rules and structure
 - Homework help
 - Daily school check-in
 - How to solve problems
 - How to remember what I need to do
 - How to get things done
 - How to organize my stuff
 - How to manage my time
 - How to feel good about myself

Guided Self-Management for Disruptive Behavior

ERICA LEE, PHD — 19 MIN

- Evidence-based behavioral parent training elements for practice at home
 - Bonding time
 - Praising good behavior
 - Shifting attention
 - Effective directions
 - Rewarding good behavior
 - Reasonable consequences
 - Getting ahead

CONCLUSION

Summary/Conclusions

HEATHER WALTER, MD, MPH; DAVID DEMASO, MD - 19 MIN

• Review of information presented

Post Course Survey

PRESENTERS



Heather Walter, MD, MPH

Professor of Psychiatry, Harvard Medical School

Senior Attending Psychiatrist, Boston Children's Hospital



Erica Lee, PhD

Assistant Professor of Psychology in Psychiatry, Harvard Medical School

Attending Psychologist in Psychiatry, Boston Children's Hospital





David DeMaso, MD

Harvard Medical School

Boston Children's Hospital

Chair of Psychiatry,

Keneisha Sinclair-McBride, PhD

Assistant Professor of Psychology in Psychiatry, Harvard Medical School

Professor of Psychiatry and Professor of Pediatrics,

Attending Psychologist in Psychiatry, Boston Children's Hospital

PUBLISHED OUTCOMES TO DATE

- Walter HJ, et al. Enhancing pediatricians' behavioral health competencies through child psychiatry consultation and education. Clin Pediatr. 2018;57(8):958-969.
- Walter HJ, et al. Five-year outcomes of behavioral health integration in pediatric primary care. Pediatrics. 2019;144(1):e20183243.
- Walter HJ, et al. Five-phase replication of behavioral health integration in pediatric primary care. Pediatrics. 2021;148(2):e2020001073.
- Arora BK et al. Virtual collaborative behavioral health model in a community pediatric network two-year outcomes. Clin Pediatr. In press.
- Arrojo MJ et al. Pediatric primary care integrated behavioral health: a framework for reducing inequities in behavioral health care and outcomes among children. Pediatr Clin North Am. In press.

Clinical Manual for Pediatric Practitioners

109 page clinical manual summarizing information presented in the video course

Cover	Table of Contents	Table of Contents			Anxiety Care Pathways					
VERSON 3.4 web totalow	Table of Contents	Page Number		Anxiety Care Pathways For Pediatric Primary Care Screen Extens for balancia hash problems: Pediatic Symptom Checkle: 37 Apren lays 6-18; Youth lays: 11-18; Concerner, publical environment freed						
	Background	11	Positive Screen			la contra con				
	Manual Purpose & Intended Use	12-13				sitive Screen				
		14-17	and the second se		A Frank A Annual A					
	Manual Research & User Testimonies		Conduct Focused Assessment							
	Evidence-Based Care	18		ment (symptom rating sc						
	Stepped Model for Behavioral Health Care in Pediatrics	19-20	 Consult with child are 	nd adolescent psychiatrist	tal or crisis team for emerge (CAP) as needed	ncy psychiatric assessment				
	Behavioral Health Screening	21-24	Symptom rating scale c	ut points: (ages 8-12): cut-point: 25	encent 6 shild OB					
	Focused Behavioral Health Assessment	25-28			ut-points: 5 (mild), 10 (mode	rate), 15 (severe)				
	Guided Self-Management Overview	29								
BUILDING BRIDGES	Behavioral Health Treatment	30-32	Scores s cut-poli mild to no distress/ime	WS:	Scores > cut-points; moderate distress/impairment	Score severe distress	is >> out-points: //impairment; psychiatric/ cal complexity; safety concerns			
	ADHD & Disruptive Behavior Care Guide	33-59	100 10 10 10 10 10 10			psychosocial/medic	cal complexity: safety concerns			
OF LINIDED CTANDING	Overview	34-36	Sub-clinical to mi	ld anxiety	Moderate anxiety	Seve	ere anxiety			
	Symptom Rating Scales	37-51	Guided self-management w	ith follow- up Ref	er for therapy; consider medical		r care for therapy & agement until stable			
	Evidence-Based Treatments	52-54				Indeatorinari	symmetric on the state of			
	Medication Guide	55-58	Consider Medication							
	Care Pathways	59								
Behavioral Health Education	Anxiety Care Guide	61-77	Selected medications for anxiety: Fluoxetine, Sertraline (both evidence-based)							
for Pediatric Primary Care		62-64	Start daily test dose for = 1	mark	Fluoxe	tine Sertra 12.5m				
for reducier minary care	Overview	65-71	If test dose tolerated, increa	ase to beginning therapeutic	daily dose 10mg	25mg				
	Symptom Rating Scales		Monitor + weekly in the first month for agitation, suicidality, and other side effects: for swere agitation or suicidal intent or plan, refer to hospital or crisis team for emergency evaluation; for severe distress; consider short-term use of hydroxyzine 12.5-25mg (age-12) or 25-50mg							
Clinical Manual for Pediatric Practitioners	Evidence-Based Treatments	72-73	(age 12+) q4h PRN not to exceed twice daily							
	Medication Guide	74-76	↓							
	Care Pathways	77		Follow Up						
	Depression Care Guide	79-97	Re-assess symptom severity with SCARED (parent & child) or GAD-7 (teen) at the following times:							
	Overview	80-82								
	Symptom Rating Scales	83-91			_					
	Evidence-Based Treatments	92-93	=1 mo	+2 mos	+3 mos	+12 1	mos			
	Medication Guide	94-96								
	Care Pathways	97								
	Overview of the Psychiatric Continuum of Care	98-99	Scores > cut-points & distress/impairment persists	Scores < cut-points with mild to no doloress/impairment	Scores > cut-points & distress,/ impairment persists	Scores < cut-points with mild to no distress, impairment	Scores > cut-points In distress/impairment persists			
	Appendix I: Evidence Base for Manual Information	102-106	++	+ + +	+	+	+			
	Appendix II: Patient Health Questionnaire-4 (PHQ-4)	107	Increase dose	Remain at current dose	Consider alternate SSRI	Taper medication	Consult			
	Appendix III: Screening to Brief Intervention (S2BI)	108-109	Can increase flucentine by	Remain at current	Consider second SSRI	Consider tapering medication:	Consult with CAP or			
Boston Childrens and Behavioral Sciences V tracelou least the second	Overview Behavioral Health Manual for Pediatric Practitioners		Can increase subclishe by 30mg every 3-4 weeks to 40mg and sertatine by 25mg every 1-2 weeks to 100mg if anxiety is moderately sever; monitor bi-monthly during 2nd month	dose for = 12 months, monitor monthly until discontinuation	Consider second SSHI trial or consult with CAP	decrease daily does by 25-50% every 2-4 weeks to starting does, then discontinue; tapering should ideally occur during a time of relatively low stress; monitor for several months after discontinua- tion for symptom reccurrence	refer to specialty care			

Guided Self-Management Toolkit for Families

267 pages providing self-management tools for patients and their parents

Cover	Table of Contents		Anxiety Toolkit Introduction			
VERSON 1.1	Table of Contents Pages Overview	Page Number	COGNITIVE BEHAVIORAL THERAPY FOR ANXIETY			
	Background	10-11	INTRODUCTION			
	Purpose and Intended Use Research	12	INTRODUCTION			
	Research	15	Everyone worries sometimes. School, friends, and stress can cause children and teens to feel anxiety. For	(📊 🌒) 🛛 🚺 🍋		
	Guided Self Management Tools		some children, anxious feelings can become difficult to			
	Anxiety Toolkit	14	manage. This can cause problems at home, school, and/or with friends. Working with your child's primary	(D)ICC		
BUILDING BRIDGES	Child & Parent (1-18)		care team can help you assist your child in managing symptoms of anxiety.			
	Teen (19-36)		Behavioral health specialists have worked hard to figure			
약 UNDERSTANDING	Parent of Teen (37-54)		out ways to help manage anxiety. One of the most effective interventions is a type of therapy called			
- ONDERSTANDING	Depression Toolkit	69	Cognitive Behavioral Therapy, or CBT. This type of			
	Child & Parent (1-21)		therapy helps people with anxiety learn how to change their thoughts and behaviors in order to feel less	Fear Thermometer		
	Teen (22-42)		worried and to cope when worries do occur. The worksheets in this guide will help your child and family	These worksheets will help your child pay attention to situations that make them		
Behavioral Health Education	Parent of Teen (43-63)		try CBT strategies at home. There are tips for parents	Solt 1 anxious and rate their worried feelings.		
for Pediatric Primary Care	ADHD Toolkit	133	and activities for your child, which can be used with children across a wide age range. We find that the skills			
	Child & Parent (1-40)		are most effective when used in order. All of the skills included in our guide are evidence-based, meaning			
Guided Self-Management Toolkit for Families	Teen (41-67)		they are strategies that have been tested and proven to be effective through rigorous scientific research. Many	Relaxation Skills		
	Parent of Teen (68-102)		families have found these strategies to be beneficial;	These worksheets teach simple skills and exercises that help increase feelings of		
	Disruptive Behavior Toolkit	236	we hope they will work for you, too.	calm and well-being. Make these skills a		
	Child & Parent (1-21)		SKILLS & EXERCISES	Skill 2 consistent part of your family's daily life to reduce stress for everyone.		
		258				
	Appendix I: Information About Diagnoses for Parents	258	Each of the skill handouts includes an explanation of the skill, a description of how it will help your family,			
	Anxiety (1-2) Depression (3-4)		and instructions for how to use the strategy at home. We've also included a list of common questions and	Thinking Traps These worksheets teach new ways to		
M 😴 📇	ADHD (5-6)		concerns parents usually have about each skill, along	look at situations and suggest questions		
	Disruptive Behavior (7-8)		with our answers. Work through the guide with your child and try out each new skill for about two weeks	Skill 3 thoughts.		
	chardparte centerion (7-0)		to see which fit your family best. See what's working and what's still challenging, then adjust as needed.			
Boston Childrens And Behavioral Sciences		9	Once you've found a set of skills thair works for you, keep at it until the routine becomes second nature. It may be challenging at first, but the more you practice, the assier It will be to make these exercises and techniques a part of your day life. Let us know how things are going and be in touch if you and your child need any additional support for anyiety management.	Skill 4 Facing Your Fears These worksheets help you and your child deling requires, which are opportunities to face fears in a controlled and alse way.		
			Good luck!			