



Maine Pediatric
& Behavioral Health
Partnership



Pediatric Psychiatry in the Primary Care Setting ECHO[®]

ECHO SESSION 1: 5/4/2022

Presentation: How to Formulate a Case for Consult

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Dr. Mayhew completed her master's degree in Public Health from Tulane University in New Orleans, and was a Peace Corps volunteer in Nepal as part of her master's program.

She earned her medical degree from the University of Rochester School of Medicine & Dentistry in Rochester, NY. She completed a residency in Psychiatry at Baylor College of Medicine in Houston, TX, followed by a fellowship in Child & Adolescent Psychiatry from Cambridge Health Alliance in Cambridge, MA.

She is Board certified in both Psychiatry and Child & Adolescent Psychiatry. She is currently the Clinical Director for the Child and Adolescent Psychiatry Outpatient Clinic at Maine Medical Center, as well as the PIER Program for early psychosis and the Maine Pediatric and Behavioral Health Partnership.

There are no relevant financial relationships to disclose.

Approaching Psychiatric Problems in Primary Care

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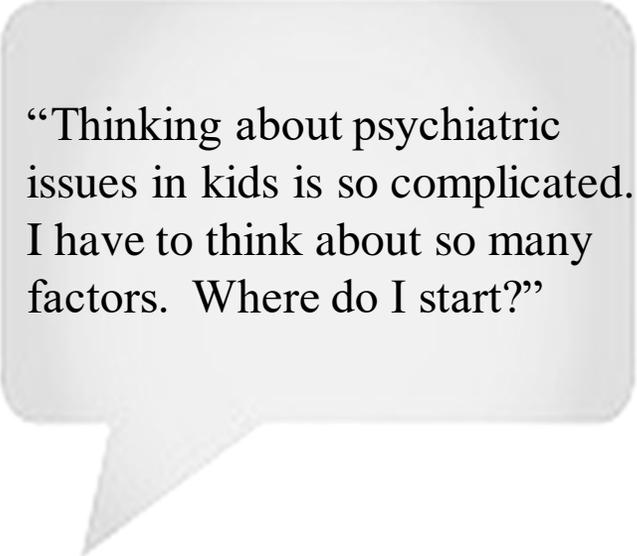
At Maine Medical Center



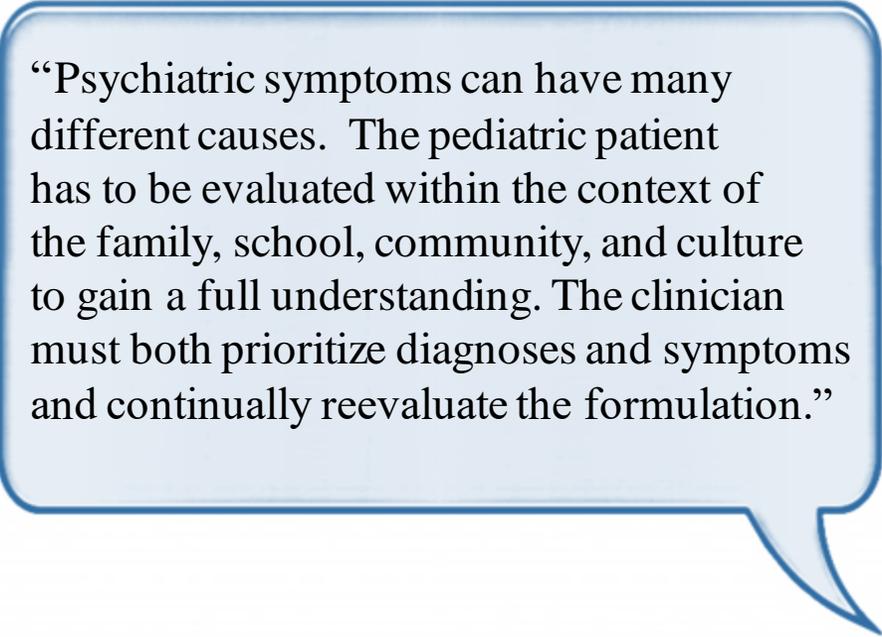
MaineHealth

Learning Objectives

- Apply clinical domains when evaluating a psychiatric problem
- Develop an successful approach to psychiatric assessments



“Thinking about psychiatric issues in kids is so complicated. I have to think about so many factors. Where do I start?”



“Psychiatric symptoms can have many different causes. The pediatric patient has to be evaluated within the context of the family, school, community, and culture to gain a full understanding. The clinician must both prioritize diagnoses and symptoms and continually reevaluate the formulation.”

Purpose of the diagnostic assessment:

- Is there psychopathology present?
- What is the differential diagnosis?
- Is treatment indicated?
- What are the treatment recommendations?
- How does the clinician facilitate the family and child’s engagement in treatment?

“So I have to consider the context of a particular concern, including a good understanding of a child in their environment. How do I approach a concern that comes to my attention?”

“The concern is often a more severe form of issues found in many children (fears, tantrums, aggression). You need a good understanding of normal and abnormal development and range of expected behaviors at different ages to put the concern in context.”

Aim of the assessment:

- Identify reasons and factors leading to the referral (Why now? Clarify social context)
- Obtain general picture of developmental functioning
- Understand nature and extent of functional impairment, behavioral difficulties, distress
- Identify individual, familial, and environmental factors that may account for, influence, or ameliorate these difficulties

“So, I understand that concerns are often due to a decline in functioning or not doing as well as peers. How should I approach the psychiatric concern that is brought to me?”

“It’s most important to be empathetic, understanding, and non-judgmental, and allow the person bringing the concern to tell the story in their own way. Often the most therapeutic intervention is feeling heard and validated by the listening clinician.”

General principles:

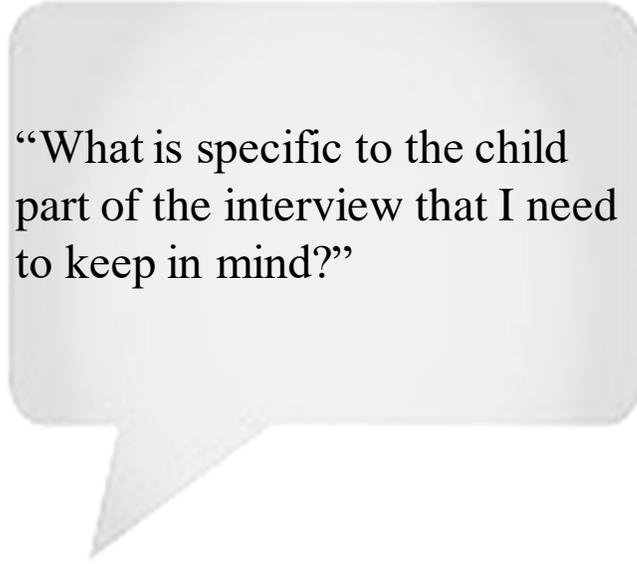
- Must be able to gather information appropriate to developmental level
- Usually need multiple visits to obtain a more accurate picture
- Should have time to talk to both child and parents alone
- Need information from various sources: the child, family, school, other agencies
- Can use screening questions to focus the interview

“What is specific to the parent part of the interview that I need to keep in mind?”

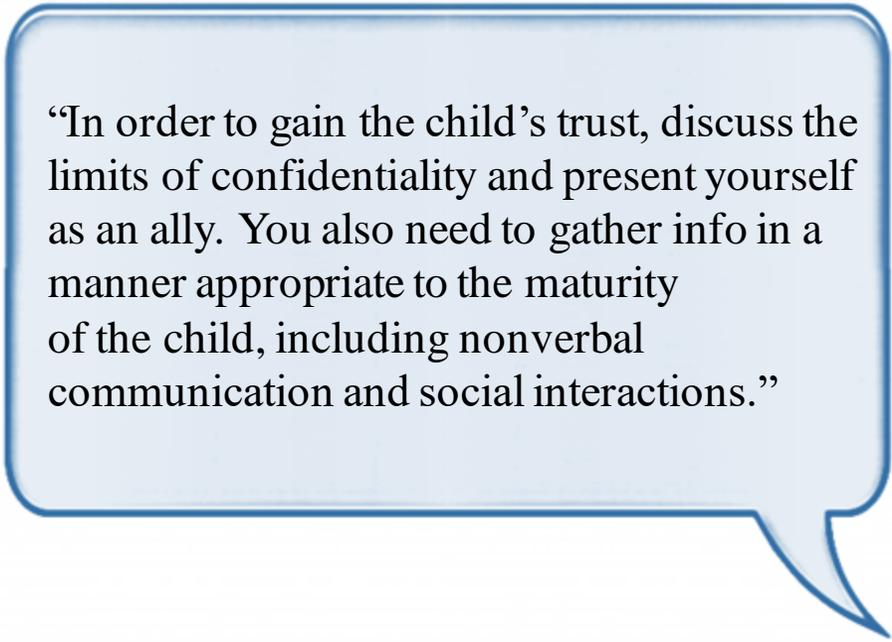
“As the parent is essential to the care and well-being of the child, the parent needs to see you as an ally. The parent is also an important source of information for the history of the concern in the context of the child and family history.”

Parental/caregiver interview:

- Chief complaints often come from adults in the child’s life
- Parents are more likely to present externalizing or disruptive behaviors
- Caregivers are more accurate with time-related info, family history
- Can learn about current difficulties, impact on the family
- Can give history of development in the context of family history and events
- Use interview to obtain a sense of family and parental functioning



“What is specific to the child part of the interview that I need to keep in mind?”



“In order to gain the child’s trust, discuss the limits of confidentiality and present yourself as an ally. You also need to gather info in a manner appropriate to the maturity of the child, including nonverbal communication and social interactions.”

Child interview:

- Child’s understanding, motivation, and ability to cooperate is variable
- Start adolescent interview together to enhance adolescent agency
- Child more likely to report anxious or depressive symptoms, suicidal thoughts
- Child more accurate with feelings and attitudes
- Children under 10 often less reliable
- Child may be only source of info about abuse, substance use, DV

“When is it important to obtain information from other sources besides the patient and the caregiver?”

“Ideally, you would always hear from other sources, but especially if there are school-related issues, the caregivers have very different viewpoints or a difficult relationship, or there is something about the concern that is not making sense.”

Reasons for varying viewpoints on a problem:

- Context of observation or amount of time spent with the child
- How the individual perceives or evaluates information
- The individuals' propensity or ability to report what they see
- Concern may only be apparent in certain circumstances

“So once I have all the details about the concern, how do I make a formulation about the situation and the particular child?”

“A given concern can have different functions and clinical implications for different children and in different environmental settings. History taking and diagnostic formulation are not separate processes, but guide questions and diagnostic possibilities.”

What to consider:

- Preceding circumstances
- Immediate precipitants
- Associated behaviors
- Consequences of the problem
- Broader developmental and familial context

“So, once I have done all of those pieces, I then fully understand the concern and can move forward with the treatment, right?”

“Yes and no. You have an initial hypothesis and create a treatment plan based on that hypothesis, but will need to keep reassessing based on treatment response.”

- Not unusual to have problems present later (weeks, months, years) that were not apparent initially
- New circumstances or information may later come to light
- Development happens, both individually and in a family
- A degree of humility and constant reformulation is key!

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