Expanding
Integrated Behavioral Health
into Pediatrics

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1. Emotional Wellbeing
2. ADHD
3. Well Child Visits
4. Screening
5. Chronic Illness
6. Care Coordination

Pediatric Integrated Behavioral Health
Emotional Wellbeing

• Mental Health Concerns: depression, anxiety, trauma, behavioral issues, etc.

• Brief, evidenced-based, and collaborative interventions: CBT, MI, Mindfulness-based

• “Mini Intakes”

• Functional Orientation
ASSESSMENT

13 year old presents for Initial-Scheduled consultation regarding anxiety influenced by poor emotional coping and poor distress tolerance. Pt will likely benefit from cognitive-behavioral strategies, mindfulness, and watchful waiting.
Stage of change: Action

PLAN

1. Follow-up plan with PCBH: 1 month
2. Additional resources recommended: Follow-up with PCP
3. Behavioral recommendation(s):
   A. Label emotions and and rate them 1-10.
   B. Develop quick relaxation strategies (mindfulness): use “Stop, breath & think” app for 1-2 weeks.

SUBJECTIVE

OBJECTIVE

Time spent with patient in exam room: 28 minutes.
Other(s) present in the room: Mom.
Behavioral Health Consultation provided using motivational interviewing and parenting consultation techniques.
Consult source: PCP

Additional notes: None
Emotional Wellbeing

• Responsive to PCP referral
  • Infant MH: Post-partum Depression
  • Parenting
  • Balance agendas

• Simple Interventions
  • Space to vent
  • Problem solving
  • Psychoeducation
Motivational Interviewing

• Assess “Stage of Change”
• Parenting & behavioral management: Collaboration
• Adolescents and pre-teens: Respect Autonomy
• Family systems change: Rolling with Resistance
• Focus on Strengths!
Chronic Illness

- Avoid the “one-trick mental health pony” (Miller et al 2014)
- Team-based care
  - Injury
  - Secondary Grief
  - Adherence
- Expertise? Transferable skills
Chronic Illness Management

• **Slow down:** How are you doing with this? Explore emotions and thoughts.

• **Support:** Do you need more support? Family systems.

• **Readiness:** Are you ready, confident? Explore strengths & potential barriers (stress, mood).

• **Communication:** What questions do you have?
  
  • Clarify & facilitate PCP-patient communication.
  
  • SMART Goals. Enhance motivation.
ADHD: Recommendations

- Slow down the process
- Gather supportive evidence
- Improve diagnostic clarification
  - Family assessment
  - Mood, anxiety, stress
  - Role of trauma
- Use of Screeners: Vanderbilt
  - Free, Teacher/Parent forms
  - Rule-out: mood, anxiety, etc.
Well Child Visits

• Prevention

• Tracking growth and development

• Discuss concerns

• Team approach
• Developmental assessment - 9, 18, and 30 months
• Autism Screening - 18 or 24m
• Psychosocial/Behavioral Assessment - All ages
• Alcohol & Drug Use Assessment - 11 y.o.
• Depression Screening - 11 y.o.
Anticipatory Guidance & Social Determinants of Health

- **Strengths and Protective Factors**
  - Maternal and Family Support
  - Parent-Infant Relationship
  - Family Relationship
  - Childcare

- **Risks**
  - Living Situation and Food Security
  - Environmental Risks (mold, lead, etc.)
  - Intimate Partner Violence
  - Tobacco, Drug and Alcohol Use
Screening

• Early identification & prevention

• Current practices
  • EMR
  • Medical History Forms
  • Current screeners
  • Important: Brief and “Primary Care Friendly”
Pediatric Screeners

- **Vanderbilt** - ADHD
- **M-CHAT** - Autism - 18 months (Follow-Up)
- **Pediatric Symptom Checklist** - 17 items, psychosocial impairments, 4+ y.o. Three subscales.
- **Strengths & Difficulties Questionnaire** - 25 items, behavioral issues, 3-16 y.o.-16. Five subscales.
## Pediatric Screeners

- **PHQ-9 Modified for Adolescents**
- **PHQ-4 - Universal Screener**

### PHQ-4

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Use “✔️” to indicate your answer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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Care Coordination

• **Role flexibility:** From Consultant to Advocate?
• Connection with **external agencies**
• Coordination with **schools**
• **Multiple perspectives:** collaborative care
• **Natural** and **community supports**
• **Mental health referrals**
Pediatric Mindset

• Systems orientation
• Being dynamic & flexible
• Start with Provider
  • Communication
  • Team-based care
  • Warm handoff
  • Strategic