



Pediatric Psychopharmacology: The School Psychologist's Role in Collaborating with the Medication Team

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Objectives

- Participants will gain information about the general structure and procedures of a medication evaluation clinic in the community.
- Participants will learn about how to effectively engage in consultation with medication evaluation team members.
- Participants will learn to identify how, when, and why to seek out mental health providers in their communities
- Participants will be exposed to case studies to illustrate key points.

Schedule

Introductions

Overview & Need

- Pediatric Mental Health Needs
- Psychotropic Use & Evaluation Practices

CHLA Interprofessional School Age Clinic

- SAC Team, Process, and Practices

Barriers and Reasons for Collaboration

The School Psychologist as Liaison

Strategies for Collaboration

Case Study

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Your Presenters

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Arlene Ortiz, PhD, NCSP Licensed Psychologist



Assistant Professor of School Psychology at California State University, Sacramento

- Provides assessment supervision to graduate students at the Center for Counseling and Diagnostic Services at CSUS and counseling supervision at local elementary schools.
- Completed a two-year postdoc at Children's Hospital Los Angeles, UCEDD where she was an active team member of the School Age Clinic, partnering with families and medical providers to help evaluate children referred for a medication evaluation.
- Academic interest include assessment and intervention practices for culturally and linguistically diverse individuals.

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Emily C Haranin, PhD, NCSP Licensed Psychologist



Assistant professor of clinical pediatrics at the USC Keck School of Medicine, Children's Hospital Los Angeles.

- Supervision and training of predoctoral interns and postdoctoral fellows through CHLA's APA-accredited psychology training programs.
- Coordination of CHLA School Age Clinic (SAC), an interprofessional medication evaluation and management clinic, embedded within a community mental health clinic.
- Mentoring of professional trainees of various disciplines in the delivery of interprofessional services.

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Pediatric Mental Health Needs

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Chronic Special Healthcare Needs

20%



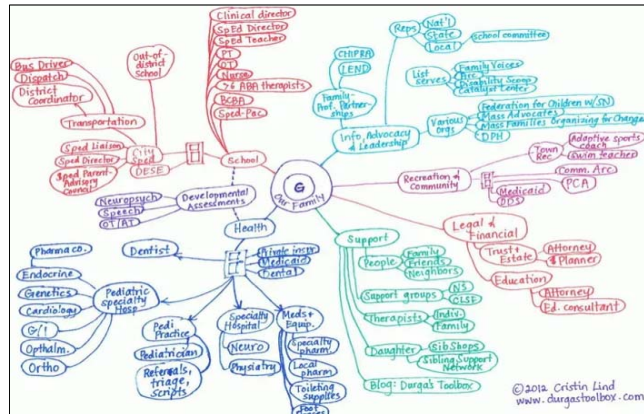
of
children
under the age of 18
have a CSHCN

of
families
have a child with a
CSHCN

CSHCN = chronic physical, developmental, behavioral, or emotional condition who require services of any type beyond that requires by children generally

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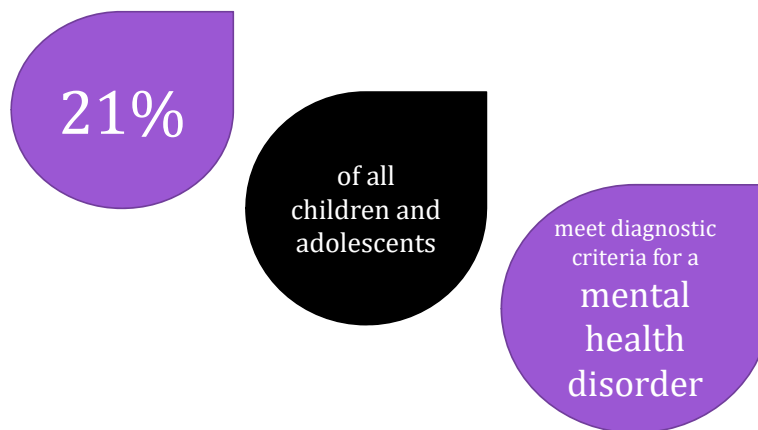
Gabe's Care Map *(Cristin Lind, 2012)*



Our Focus

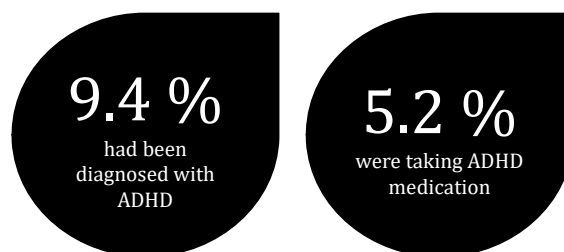


Mental Health Disorders in Children and Adolescents



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In 2016, for U.S. children 2-17 (using NSCH data)

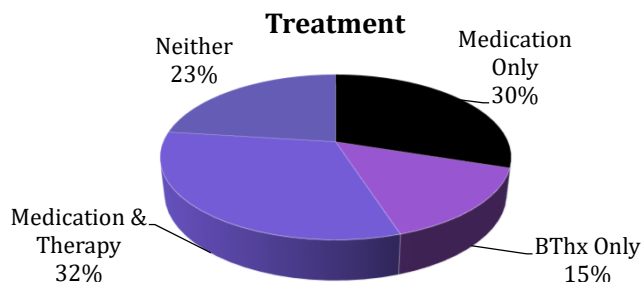


Danielson et al. 2016. Prevalence of parent-reported ADHD diagnosis and associated treatment among US children and adolescents. *Journal of Clinical Child & Adolescent Psychology*.

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2016: Among Children with ADHD (2-17), 77% Were Receiving Treatment

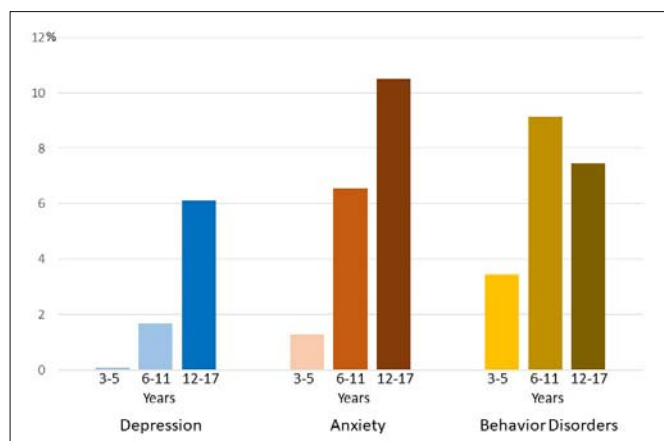
(NSCH; Danielson et al, 2016)



Danielson et al. 2016. Prevalence of parent-reported ADHD diagnosis and associated treatment among US children and adolescents. *Journal of Clinical Child & Adolescent Psychology*.

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Other Common Behavioral Health Diagnoses By Age



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Prevalence of Prescription Medication Use

Psychopharmacological agents used in the last 30 days by children younger than 18 (2007 to 2010)

- Stimulants: 4.2% (CDC)
- SSRI's (antidepressants): 1.2-2%

Use of antipsychotics for managing disruptive behavior in young children is increasing

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Pediatric Psychopharmacology – Things to Consider

Used to target specific symptoms rather than diagnoses

- Ex: There are over 15 medications that treat “ADHD”

Medications vary widely

- Half-life
- Short vs long acting
- Potential side effects and benefits

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Common ADHD Medications

Type of medication	Brand name	Generic Name	Duration
Short-acting amphetamine stimulants	Adderall	Mixed amphetamine salts	4 to 6 hours
	Dexedrine	Dextroamphetamine	4 to 6 hours
	Dextrostat	Dextroamphetamine	4 to 6 hours
Short-acting methylphenidate stimulants	Focalin	Dexmethylphenidate	4 to 6 hours
	Methylin	Methylphenidate (tablet, liquid, and chewable tablets)	3 to 5 hours
	Ritalin	Methylphenidate	3 to 5 hours
Intermediate-acting methylphenidate stimulants	Metadate CD	Extended-release methylphenidate	6 to 8 hours
	Ritalin LA	Extended-release Methylphenidate	6 to 8 hours
Long-acting amphetamine stimulants	Adderall-XR	Extended-release amphetamine	10 to 12 hours
	Dexedrine Spansule	Extended-release amphetamine	6+ hours
	Vyvanse	Lisdexamfetamine	10 to 12 hours
Long-acting methylphenidate stimulants	Concerta	Extended-release methylphenidate	10 to 12 hours
	Daytrana	Extended-release methylphenidate (skin patch)	11 to 12 hours
	Focalin XR	Extended-release dexmethylphenidate	8 to 12 hours
	Quillivant XR	Extended-release methylphenidate (liquid)	10 to 12 hours
Long-acting non-stimulants	Intuniv	Guanfacine	24 hours
	Kapvay	Clonidine	12 hours
	Strattera	Atomoxetine	24 hours

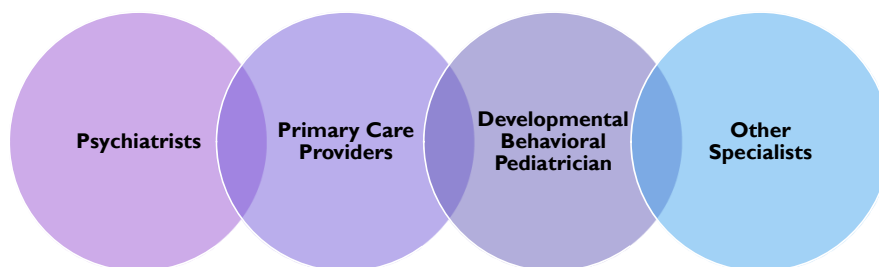
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Variation in Medication Evaluations

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Variability Based on Prescriber and Setting

- Prescribers come from a variety of disciplines, each with different training and diverse professional cultures and values.



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AACAP Guidelines 2009

AACAP OFFICIAL ACTION

Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents

ABSTRACT

The purpose of this practice parameter is to promote the appropriate and safe use of psychotropic medications in children and adolescents with psychiatric disorders by emphasizing the best practice principles that underlie medication prescribing. The evidence base supporting the use of psychotropic medication for children and adolescents with psychiatric disorders has increased for the past 15 to 20 years, as has their use. It is hoped that clinicians who implement the principles outlined in this parameter will be more likely to use medications with the potential for pharmacological benefit in children safely and to reduce the use of ineffective and inappropriate medications or medication combinations. The best practice principles covered in this parameter include completing a psychiatric and medical evaluation, developing a treatment and monitoring plan, educating the patient and family regarding the child's disorder and the treatment and monitoring plan, completing and documenting assent of the child and consent of the parent, conducting an adequate medication treatment trial, managing the patient who does not respond as expected, establishing procedures to implement before using medication combinations, and following principles for the discontinuation of medication. *J. Am. Acad. Child Adolesc. Psychiatry*, 2009;48(9):961-973. **Key Words:** practice parameter, psychopharmacology, multiple medications, treatment.

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Guiding Principals for Pediatric Medication Evaluations

Medication should be considered when the potential benefits outweigh the potential risks

A thorough evaluation is essential to clarify diagnosis and symptoms that will be targeted

Collaboration with other professionals is recommended to

- obtain collateral information
- make a plan for monitoring outcomes

Provide feedback to child and family (diagnosis, symptoms, plan, alternatives, risks)

Obtains parent/ guardian consent and child assent

A team approach can reduce over prescribing through

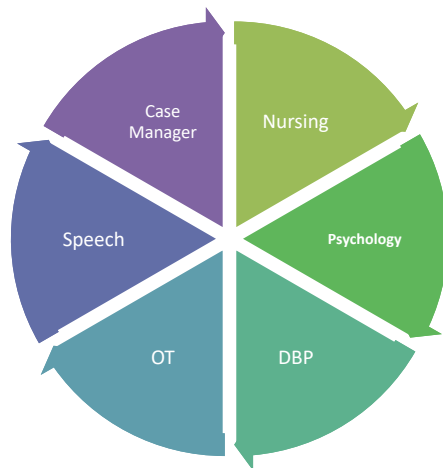
- Ruling out alternative causes
- Providing linkage to alternative supports and services
- Promoting coordination among families, schools, specialty care, and general pediatrics

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School Age Clinic *at CHLA Community Mental Health Center*

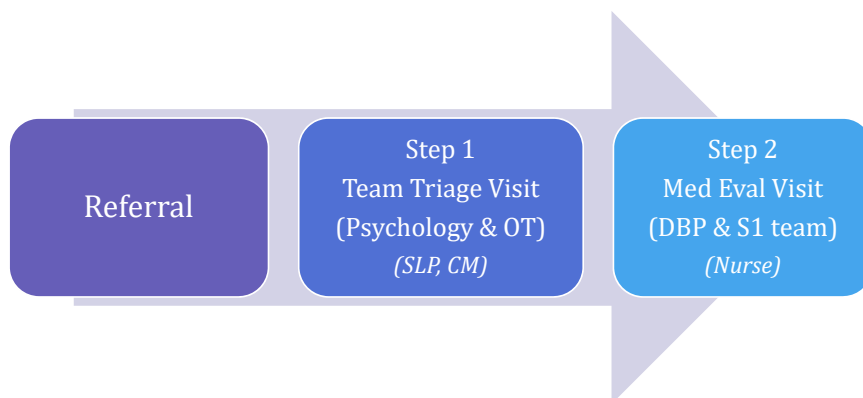
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SAC Interprofessional Team



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SAC Basic Interprofessional Medication Evaluation Process



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Referral – “Ricky”

8 year old male, 3rd grade

Referral Concern: verbal and physical impulsivity at home and school, suspected ADHD (has IEP under OHI), family “hesitant” about medication

Therapist Consult: additional concerns regarding anxiety, avoids tasks that require writing, half-brother (age 13) joined family three months ago

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Step 1 - Goals

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- Clarify referral concern and target symptoms
- Assess symptoms and contributing factors
- Identify and assess current supports/ services
- Assess interest/ readiness for medication
- Identify need for additional information

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Step 1 - Preparation

Team Lead responsibilities

- Review records
- Consult with therapist
- Identify goals for visit
- Prepare materials
- Assign roles to team members

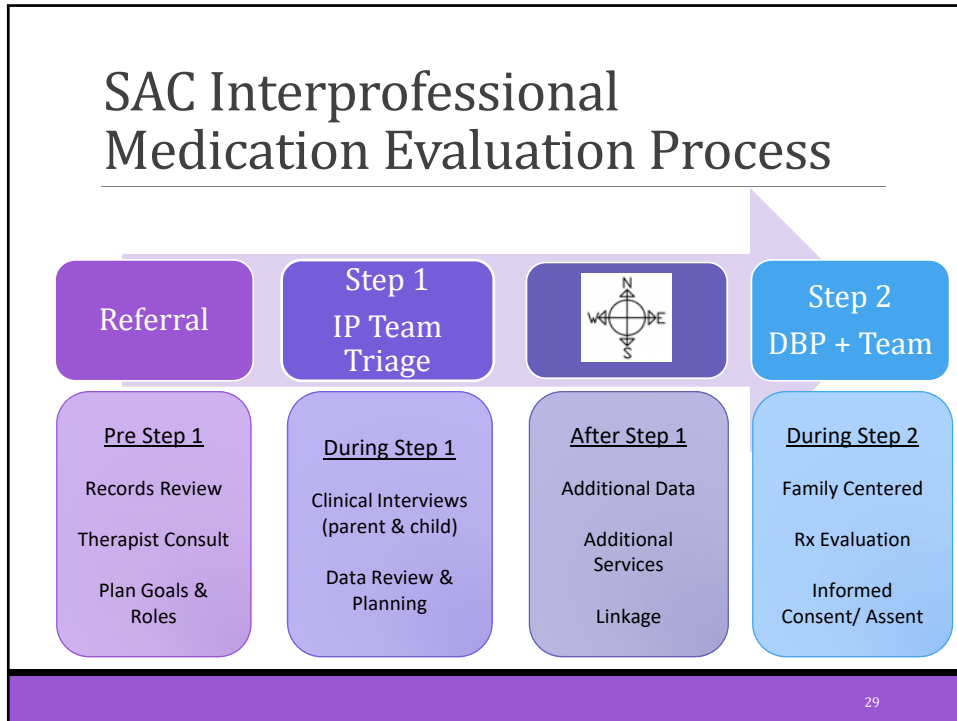
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Step 1 Visit - Roles

Interprofessional Intake & Triage (Clinic Appt & Follow Up)

- Interviews
 - Clinical Interviews (Collateral & Client)
- Observations
 - Clinic, home, and/or school
- Data Gathering
 - Multi-rater/ multi-setting

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Barriers to & Reasons for Collaboration

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Barriers to Collaboration

Misunderstandings about the roles and capabilities of providers

Limited interprofessional training experiences between medical providers and educators

Different definitions of disability/diagnosis across settings

- Physicians: International Classification of Diseases (ICD-10) and DSM 5
- Educators: IDEA & California Code of Education, Title 5

Different approaches to supporting children

Limited resources



Why Collaborate

To ensure that both professions understand each other
(Stuart & Goodslit, 1996)

Medical providers may not be familiar with the special education process and/or school-based interventions

Educators may not be familiar with services/interventions offered by local medical providers

Providers may use different terminology and have different perspectives

Why Collaborate

To increase rates of treatment effectiveness by treating the whole individual

Often children present with complex needs that require a network of support

Children with special needs require four to eight times as much time and service provision as healthy children (Institute for Family-Centered Care, 1995)

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School Psychologists: Equipped to Serve as Liaisons



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School Psychologists: Experts in Children & Youth With Disabilities

School psychologist are experts in children with neurodevelopmental disabilities (Shaw & McCabe, 2008)



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School Psychologists: Experts in Assessment

School psychologist receive extensive training in measurement, assessment, identification, and remediation of learning problems (Daly, Kral, & Brown, 2008)

Familiar with diagnostic classification systems

Familiar with tools and procedures used to evaluate behavioral disorders in children



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School Psychologists: Experts in Systems & Consultation

School psychologists are trained to facilitate collaboration between settings and systems

School psychologists have knowledge of varied models and strategies of consultation, collaboration, and communication to promote effective implementation of services

School psychologists have knowledge of essential information that will enhance an accurate and informed treatment approach by the medical team

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Suggestions for Collaboration Within and Between Systems

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Collaboration Between Systems: Value the Expertise of Others

Both professions must accept and understand systems for disability identification

Each is legitimate and valid

Engage in Active listening

Demonstrate curiosity

Positively reinforce participation

Send thank you notes

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Collaboration Between Systems: Gain Knowledge & Share Knowledge

Gain New Knowledge

- Be Take the time to learn the language used by medical providers
- Learn about common tools used by medical providers to assess for ADHD, depression, and anxiety
- Learn about common medications used to treat prevalent behavioral health disorders and associated side effects

Share Knowledge

- Provide brief infographic of the special education and 504 process at your school to local medical agencies
- Provide resources on interventions available for general education students to medial agencies

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Collaboration Between Systems: Respect Professional Boundaries

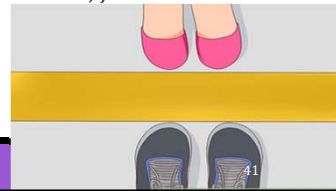
Acknowledge individual expertise

Respect formal boundaries of the medical and educational professions (Drotar, 1995)

Physicians should refrain from dictating school educational placement decisions or educational techniques

Schools should refrain from suggesting medication decisions or making medical diagnoses

Is it okay for a school psychologist to make the following observation: "Since she started taking her medication, Jane has been falling asleep in class"?



Collaboration Between Systems: Invite Participation

Have an informal process that reaches across barriers

Consider making small requests that may help you better service the student

Invite others to review reports and/or provide written input regarding a student's progress

e.g., Invite a pediatrician to review the IEP for any activities that may be medically contraindicated.

Effective Communication: Within & Between Systems

Return phone calls in a timely manner

Make yourself available by phone, fax, and e-mail

Identifying and communicating when you're available

Communicate in a jargon-free manner

Develop a brief fact sheet that outlines your school's general approach to collaborating with health-care providers and includes contact information for appropriate staff members

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Effective Communication: Between Systems

Information to Share with Providers

- Specific behaviors of concern, use objective terms
- Onset of behaviors
- Frequency, Intensity, Duration
- Precipitating events
- Consequences
- Supports available to child and family
- Prior interventions: length of services, treatment goals, progress

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Effective Communication: Between Systems

Adopt a medical model of case presentation

- Helps to organize large quantities of information into the pertinent positives and negatives
- Leave out all judgments and information that are not essential

Opening Statement

- Patient's name, age, ethnic origin, sex, and reason for referral

Address all relevant historical findings

- Such as birth trauma, history of brain injury, developmental delays, academic progress over time, or placement in special education

List relative strengths and weaknesses of the student

Classroom Requirements: Identify the behavior, cognitive, social, and academic requirements

Review relevant evaluation results

- List the top three or four recommendations that will help the student and should be addressed by the physician
- Share other areas of need that are being addressed by the school.

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Effective Communication: Within Systems

Engaging Parents

- Parents are viewed as experts of their children
- Need to understand family values and beliefs
- Parents/legal guardians must complete release forms and understand the nature of the collaboration
- Help parents understand value of collaboration across systems



Effective Communication: Within Systems

Sharing behavioral health concerns with parents

- Start conversations early
- Begin with child strengths
- Describe behaviors of concern
- Obtain parent input related to behaviors at home or in the community
- Explain how behaviors may be impeding academic/therapeutic progress
- Encourage guardians to monitor behavior & follow-up if needed
- Indicate continued concerns during follow-up discussion, after behavioral interventions have been attempted with fidelity. Provide parents with specific information related to interventions attempted and student outcomes.
- Inform family that a medical professional may be able to offer recommendations related to treatment of observed behaviors, such as medication and may warrant consideration
- End with child strengths

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Case Study



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Case Study

How would you go about collaborating with David's medication team?

Utilizing a medical model, how would you discuss David's case to the team?

What information would you need to accomplish this goal?

What information would you like to obtain from David's medical team?

Identify shared goals among professionals. How will these be accomplished? What are the responsibilities for each professional.

Questions?



Where To Go For More Information on Medication

American Academy of Pediatrics:

<https://www.healthychildren.org/English/health-issues/conditions/adhd/Pages/Understanding-ADHD.aspx>

Center for Disease Control & Prevention:

<https://www.cdc.gov/ncbddd/adhd/treatment.html>

Children and Adults with Attention-Deficit/Hyperactivity Disorder:

<https://chadd.org/for-parents/medications-used-in-the-treatment-of-adhd/>

American Psychological Association:

<https://www.apa.org/pi/families/resources/child-medications.pdf>

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Additional Resources

Society for Developmental and Behavioral Pediatrics:

- <https://www.sdbp.org/about-us/behavioral-pediatricians.cfm>

Mental Health America:

- https://www.mentalhealthamerica.net/sites/default/files/BACK_TO_SCHOOL%202014_Childrens_Mental_Health_Matters_Smaller.pdf

Treatment of Children with Mental Illness:

- https://www.nimh.nih.gov/health/publications/treatment-of-children-with-mental-illness-fact-sheet/nimh-treatment-children-mental-illness-faq_34669.pdf

CA Mental Health Services Division:

- <http://www.dhcs.ca.gov/services/mh/Pages/ProgramsforChildrenandYouth.aspx>

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