Child and Adolescent Psychiatrists in the System of Care: Physician and Family Perspectives

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CAP support to Programs Providing Wraparound Service Planning

- Didactic training for Wrap staff
  - DSM-IV TR and medical diagnoses
  - Other clinical considerations, e.g. school refusal, impact of parental disabilities
  - Medications
  - Clinical considerations, e.g. countertransference, vicarious traumatization, genograms
CAP support to Programs Providing Wraparound Service Planning

• Consultation to Care Coordinators (CC) and Family Partners (FP) about enrolled youth and their families regarding diagnosis, formulation, clinical care, optimal team functioning.
  – Individually and in pairs with CC and FP
  – Group coaching, with lead Family Partner
  – Review of wrap-determined future vision, culture, strengths and needs, as well as psych history/records and family medical needs
CAP support to Programs Providing Wraparound Service Planning

- Availability, Affability, and Ability are key to CAP utilization and impact
  - Co-location and curbside consults, e-mail, defined “office hours” with open door policy
  - Be informal and deferential in interactions, use first name, consider extent of self-revelation with staff
  - Guard against drifting/being pulled into a professionally-driven model
  - Be especially attentive to cultural sensitivity and awareness with staff, families, and the community
CAP support to Programs Providing Wraparound Service Planning

- “Client-centered “consultation and treatment: always part of the team effort
  - Evaluation of enrolled youth, including home visits
  - “Second opinion” regarding Dx, Rx, e.g. youth who refuses meds or will not engage in therapy
  - “Bridge scripts”
  - Psychiatric evaluation of caregivers
  - Option to provide ongoing care, from CAP time available outside of the consultation time assigned
CAP support to Programs Providing Wraparound Service Planning

- “Doc to Doc” communication/interface
  - Outpatient providers (PCP, CAP, adult psychiatrist)
  - Hospital/residential CAPs
  - ESP/Mobile Crisis Team CAPs and LIPs
  - Support to community-based physicians and other providers to understand wraparound and support the team process
- Informal support to staff, especially FP’s, regarding their own children
Train a child in the way he should go, and when he is old he will not turn from it.

Proverbs 22:6 (NIV)
AACAP/SAMHSA/CMHS Fellowship

• American Academy of Child and Adolescent Psychiatry (AACAP)
• Substance Abuse and Mental Health Services Administration (SAMHSA)
• Center for Mental Health Services (CMHS)
• Child, Adolescent, and Family Branch (CAFB)
Fellowship Objectives

• Promote skills and leadership development

• Increase knowledge of public sector child and adolescent psychiatry

• Encourage pursuit of a career in public sector children’s mental health service systems
Fellowship Project

• Your Voice
  – Youth Guided
  – Youth Designed
  – Youth Developed Media for and by youth
    • e.g. 10 Things You Want Your Psychiatrist To Know, 10 Things You Should Know About...
Fellowship Project

• Educate Ourselves
  – Improve rapport building
  – Increase communication skills
  – Reduce stigma
  – Reduce non-compliance

• Engage Youth
  – Improve communication
  – Increase identification as consumer
  – Increase awareness of partnership
  – Encourage empowerment
  – Increase knowledge
AACAP/SAMHSA/CMHS Fellowship Project

• For Child and Adolescent Psychiatrists to communicate and partner with Youth more effectively in treatment and advocacy to improve outcomes
Building Bridges Initiative: the beginning

• Historical tensions include:
  – RTCs and Inpt Psych units came under criticism in the Surgeon General’s report for utilizing such a large share of federal dollars for MH treatment of youth while not showing much evidence of efficacy.
  – Inpt Pysch used 50% of Federal MH dollars
  – RTC’s used 25% of Federal MH dollars
  – Leaving just 25% for community-based care
Building Bridges Initiative: the beginning

• Historical tensions include:
  – Periods in the recent past when for-profit RTCs and Psych hospitals would keep youth in treatment until their insurance was exhausted and then d/c with little improvement seen in the youth’s functioning and inadequate aftercare plans.
  – Little communication between established community care teams and inpt/RTC teams
BBI Joint Resolution

• Core values:
  – Respect for cultural differences
  – Family-driven and youth-guided
  – Prevent need for custody relinquishment
  – Multi-service, holistic, comprehensive, flexible
  – Decrease need for out-of-home care and integrate and coordinate with community providers
  – Utilize relationship-based approaches
BBI Joint Resolution

• In addition to the core SOC values resolution calls for:
  – Clinical Excellence and Quality Standards
  – Accessibility and Community Involvement
  – Transition Planning and Services (Between Settings and from Youth to Adulthood)
  – Effective Workforce Development
  – Assessment, Evaluation and Continuous Quality Improvement
Building Bridges Initiative

• **Vision:**

  Community and residentially-based treatment and service providers share responsibility with each other, families and youth to ensure that comprehensive mental health services and supports are available to improve the lives of young people and their families.
Building Bridges Initiative

• Mission:
  Identify and promote practice and policy initiatives that will create strong and closely coordinated partnerships and collaborations between families, youth, community and residentially-based treatment and services providers, advocates and policy makers to ensure that comprehensive services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes.
Focus on Outcomes

• Next task—How to operationalize the BBI Joint Resolution?

• Performance Guidelines and Indicators Matrix
  – Meant to apply to both Community providers and RTCs
  – Focused on the interface of care: referral/entry, during and post-discharge
  – Specific, measurable performance indicators developed for all three phases of treatment
Building Bridges Tools

All of the instruments discussed in this presentation can be found at the Building Bridges website at:

www.buildingbridges4youth.org