Elliot Developmental and Behavioral Pediatrics

GUIDELINES FOR REFERRALS

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Elliot Health System

WE ARE SOLUTIONHEALTH

1) Attention Deficit Disorder (Hyperactivity, Inattentiveness, Combined)

Suggested Workup & Initial Management for PCP

- Obtain NICHQ Vanderbilt Assessment Scales filled out by parents and teachers.
- Review any academic, speech, neuropsychological testing and report cards to rule out learning difficulties.
- A thorough physical exam with focus on neurological and genetic findings.
- Neuroimaging and EEG are not usually indicated for evaluation of ADHD.
- PCPS are usually capable of initiating medication to treat ADHD in school aged children, usually starting with a stimulant.

Referral to a Developmental Specialist is appropriate when:

- The child is preschool age and symptoms suggest ADHD.
- The child is not responding to medication or there is difficulty with management of side effects.

Refer to Mental Health when:

Co-morbid or behavioral health disorders are present or suspected (such as ODD, anxiety, depression, bipolar disorder, RAD, etc.) Suggestive symptoms are behavioral dysregulation (severe tantrums, aggression), anxiety, labile emotions, etc.

Map and Town List for NH Community Mental Health Agencies:
https://www.dhhs.nh.gov/dcbcs/bbh/documents/list-map.pdf

2) Developmental Delay

Suggested Workup & Initial Management for PCP

- Hearing and vision (young children may need to be referred to specialists for accurate evaluations).
- A thorough medical and family history focusing on neurological, psychiatric, and genetic issues.
- Developmental screens should be utilized at all well child visits in accordance with recommendations by the AAP. Such screens might include PEDS (Parents Evaluation of Developmental Status), ASQ (Ages and Stages Questionnaire), MCHAT-R (Modified Checklist for Autism in Toddlers- Revised), etc. Should a child fail such screens the child should undergo hearing and vision screens or evaluations and referral for more in depth evaluations. If under 3 years old, refer to Regional Developmental Center (Early Supports and Services) for further evaluation. If over 3, refer to the school system.
- Review the evaluations, looking for signals that further evaluation may be needed by Developmental-Behavioral Pediatrics, Pediatric Neurology, or Mental Health.

Referral Considerations:

- Not all children with delays need to see a Developmental Behavioral Provider.
- **ALWAYS refer to Early Supports and Services or School regardless of referral to Developmental Pediatrician.**
- For children 0-3 refer to **Regional Center for Early Supports and Services.** www.dhhs.nh.gov/dcbcs/bds/earlysupport/documents/directory.pdf
- For children over 3: Refer to the **local school district** for evaluation and educational services.
- **Genetic Referral:** if dysmorphic features or strong family history.
- For children with motor delays and low tone, get a **TSH**. If significant delay or regression get **TSH**, **CPK**, and refer to **child neurology**.
- For *school age children* with aggression, oppositional or defiant behaviors, or potential mental health diagnoses (anxiety, depression, bipolar, ODD), consider a referral to a **Mental Health Provider**.

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Refer to Developmental Behavioral Provider when there is:

- A concern for autism spectrum disorder.
- A concern about behavior in a *preschool age child*
- Confusion about the diagnosis or causes of behavioral differences

3) Suspected Autism Spectrum Disorder

Suggested Workup & Initial Management for PCP

- Hearing and vision (young children may need to be referred to specialists for accurate evaluations).
- A thorough medical and family history focusing on neurological, psychiatric, and genetic issues
- Developmental screeners should be utilized at all well child visits in accordance with recommendations by the AAP. Such screeners might include PEDS (Parents Evaluation of Developmental Status), ASQ (Ages and Stages Questionnaire), MCHAT-R (Modified Checklist for Autism in Toddlers- Revised), etc. Should a child fail such screeners the child should undergo hearing and vision screens or evaluations and referral for more in depth evaluations. If under 3 years old, refer to Regional center for further evaluation. If over 3 years old, refer to school system.
- Review the evaluations, looking for signals that further evaluation may be needed by Developmental-Behavioral Pediatrics, Pediatric Neurology, or Mental Health.
- A child who is having social or communication challenges, unusual sensory concerns or repetitive/obsessive interests may have an autism spectrum disorder.

Refer to Developmental Behavioral Provider:

- Not all children with developmental delays need to see a Developmental- Behavioral Provider.
- If the child failed the M-CHAT-R, showed regression in language skills, or has symptoms suggestive of autism, then refer to a Developmental - Behavioral Pediatrician.
- A referral to a **Developmental-Behavioral Pediatrician** may be appropriate to help with diagnosis, management of associated behaviors, treatment, and long term management of a child with an autism spectrum disorder.

Other Referral Considerations:

- **ALWAYS refer to Early Supports and Services or School regardless of referral to Developmental Pediatrician.**
- For children 0-3 refer to Regional center for **Early Supports and Services.** www.dhhs.nh.gov/dcbcs/bds/earlysupport/documents/directory.pdf
- For children over 3: Refer to the **local school district** for evaluation and educational services.
- **Genetic Referral:** if dysmorphic features or strong family history.
- For children with motor delays and low tone, get a **TSH**. If significant delay or regression get **TSH**, **CPK**, and refer to **child neurology**.
- For *school age children* with aggression, oppositional or defiant behaviors, or potential mental health diagnoses (anxiety, depression, bipolar, ODD), consider a referral to a **Mental Health Provider**.

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4) Tic Disorders, Tourette Syndrome

Suggested Workup & Initial Management for the PCP:

- Most tics are mild and do not require treatment. Reassurance and stress reduction are the best course of action.
- However, tics may be severe, painful, socially debilitating, or associated with comorbid conditions such as ADHD, obsessive compulsive symptoms, anxiety or mood lability.
- Consider throat culture and ASO titer for recurrent rapid onset symptoms of tics and OCD symptoms to diagnose PANDAS.
- Consider referral to a psychologist who is trained in habit reversal or Comprehensive Behavioral Intervention for Tics (CBIT).
- Serious tics or comorbidities may need medical treatment. PCPS are usually capable of initiating medication to treat tics and/or comorbid ADHD. Stimulants may exacerbate tics but may still be the best treatment for ADHD in many children who have tics. Clonidine or guanfacine, or their extended release forms, may reduce tics and improve ADHD symptoms.

Referral Considerations:

- Consider referral to a **psychologist** or **mental health therapist** who is trained in habit reversal or Comprehensive Behavioral Intervention for Tics (CBIT).
- Refer to a **child neurologist** to differentiate a tic disorder from another movement disorder, or if the PCP desires medication consultation.
- Referral to a **Developmental-Behavioral Pediatrician** may be appropriate for management of comorbid ADHD if tics are complicating the PCP's management.
- Refer to a **child psychiatrist** if medication is warranted for co-morbid ADHD, Anxiety, OCD, Depression, etc.

5) Selective Mutism

Suggested Workup & Initial Management for the PCP

- Selective mutism usually has its basis in anxiety.
- Check hearing and consider if there is an underlying speech and language disorder which is a common association.

Referral Considerations:

- Refer to a **speech and language therapist:**
  - For children 0-3 years old refer to **Regional Center for Early Supports and Services**. www.dhhs.nh.gov/dcbcs/bds/earlysupport/documents/directory.pdf
  - For children over 3: Refer to the **local school district** for evaluation and educational services.
- If the child will not speak for the speech and language therapist, the therapist can evaluate the child through parental interview and videos of the child speaking in a comfortable environment.
- Also refer to a **mental health therapist**, especially if there are other symptoms of anxiety (separation issues, obsessions, phobias, etc.).

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- Refer to a **Developmental Behavioral Pediatrician** if there are concerns about autism.

6) Behavioral Health Concerns: Anxiety, Depression, Bipolar Disorder

Suggested Workup & Initial Management for the PCP

- Complete Medical and Family History and Physical Exam
- Consider TSH or other labs depending on findings.
- Screening tools may be helpful in the PCP's office.
- Examples:
  - SCARED (screen for Child Anxiety Related Disorders) child and parent versions.
  - PHQ-9 (Patient Health Questionnaire
  - PSC (Pediatric Symptom Checklist)
- Depending on the PCP's own comfort and expertise, the PCP might diagnose and prescribe medication to treat anxiety or mild depression. It is recommended that all children with these diagnoses also see a therapist, regardless of whether psychotropic medication is prescribed.

Referral Considerations:

- Generally, a referral to a Developmental Behavioral Provider is NOT the best option in the case of potential mental health diagnoses like Anxiety, PTSD, Depression, Mood Disorders, ODD, Bipolar Disorder, Reactive Attachment Disorder, etc.
- For evaluation and treatment, refer to a **Mental Health Provider**.
- For anxiety or depression, refer to a mental health provider who can utilize cognitive behavioral therapy (**CBT**)
- A referral to a child/adolescent **psychiatrist** may be needed to consider medication for more severe anxiety or depression, for other mental health disorders, or should psychotherapy fail.

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7) Oppositional and Defiant Behaviors or Aggression

Suggested Workup & Initial Management for the PCP

- Initial management and workup should include a thorough history and physical include exploration of psychosocial stressors, parenting style, and medical contributions. Rule out commonly associated differentials such as ADHD, Learning Disability, depression, anxiety or autism, or make appropriate referrals (see respective referral guidelines).

Referral Considerations:

- Generally, a referral to a Developmental Behavioral Provider is NOT the best option in the case of potential mental health diagnoses like ODD, Anxiety, Depression, Bipolar Disorder, RAD, etc.
- For evaluation and treatment, refer to a **Mental Health Provider**.
- A referral to a child/adolescent **psychiatrist** may be needed to consider mental health diagnoses and medications to treat anxiety, OCD, mood disturbances or disruptive behaviors.

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A referral to the **school district** or a **neuropsychologist** may be warranted if the child is struggling with academics (see Section 8: *Learning Difficulties*).

Also Refer to a Developmental and Behavioral Pediatrician when:

There are concerns about Autism Spectrum Disorder

8) Learning Difficulties

Suggested Workup & Initial Management for the PCP

- Obtain hearing and vision test. Consider other laboratory evaluations including lead, Hgb, Iron, thyroid function tests. If the child is significantly behind in one or more areas or school failure is present, have the parent request a school psychoeducational evaluation. Requests must be submitted by parents in writing.
- www.understood.org provides useful information to parents about learning problems and educational rights, including sample letters for parents to use to request an evaluation from their school team.

Referral Considerations:

- A Developmental-Behavioral Pediatrician does NOT evaluate children for learning disabilities. The school is responsible to perform such evaluations.
- It should not usually be necessary to refer to a **neuropsychologist** unless the school has completed their evaluation and a second opinion is desired. A neuropsychological evaluation is often not covered by insurance.
- The child may also be helped by private supports in the area of need (Speech and Language, OT, PT, Tutoring, etc.).
- Referral to a **Developmental Behavioral Pediatrician** may be helpful with clarifying diagnosis, advocacy and defining management. This should be done AFTER the school psychoeducational or neuropsychological evaluation has been completed.