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Clinic phone: 206-987-2164. To request a consult or referral, please call Psychiatry and Behavioral Health at 206-987-2164. You may fax a New Appointment Request Form to 206-985-3121 or toll free at 866-985-3121. To speak with a Seattle Children's physician for an urgent phone consultation, call the Physician Operator at 206-987-7777 or toll free at 877-985-4637.



Diagnosis/symptom

Anxiety and Obsessive-Compulsive Disorder

Referring provider's initial evaluation and management can include:

- Developmental history, with particular attention to any abnormalities in physical, cognitive or social development
- Identification of specific stressors or change that may have triggered symptoms (e.g. recent school transition, bullying at school, or recent illness)
- Education of parent about anxiety

When to initiate referral:

- Symptoms have had a significant impact on the daily functioning of child or family members, or
- Symptoms have been present for several weeks without improvement, or
- Significant environmental stressors are present (e.g. separations and losses, child abuse or neglect, mental or physical illness in family members, exposure to danger or violence, academic or peer difficulties)

What can referring provider send?

- Copies of medical records regarding past evaluations of biopsychosocial problems and any treatments recommended or delivered, including any medications used
- Family and social history

Children's workup will likely include:

- Psychological assessment/evaluation
- Establish DSM-IV-PC target symptoms, onset and course of symptoms, and whether symptoms are stimulus specific, anticipatory or spontaneous
- Evaluate comorbid symptoms (e.g. mood disorders, AD/HD, tic disorder, autism spectrum disorders, PTSD, substance use) and biopsychosocial stressors
- Articulation of treatment recommendations and plan
- Feedback and summary with family



Diagnosis/symptom

Depressive Disorders in Children and Adolescents

Referring provider's initial evaluation and management can include:

- Developmental and medical history, including psychotropic medications
- Assessment of thyroid function
 - R/O of medical conditions that could cause excessive lethargy and other depressive symptoms, especially thyroid dysfunction
- Educate youth and family about depression, signs and symptoms, common response to stress, effective interventions available
- Assess the role of stressors in child/adolescent's symptoms
- Assess severity based on duration and number of symptoms, impairment, and presence of suicidal thoughts/plan:
- If mild severity (few symptoms, recent onset, little impairment):
 - Engage in active support and monitoring "watchful waiting"
 - Identify key symptoms to monitor
 - Encourage increased attention to establishing healthy patterns of sleep, nutrition and exercise
 - Schedule follow-up to reassess
- If moderate or severe, initiate referral for further evaluation and mental health services

When to initiate referral:

- Depressive symptoms interfere with day-to-day function
- Symptoms persist over time (2-4 weeks)
- Suicidal ideation or self harm behavior is present
- Child has begun to withdraw from social/peer interactions or has few/no peer relationships

What can referring provider send?

- Information on prior functioning, family and other stressors
- Family medical and social history if available
- History regarding efforts made to manage depression including education, behavioral strategies, and medication trials with impression of response to each

Children's workup will likely include:

- Psychological assessment/evaluation
- Further medical work-up if indicated
- Establish DSM-IV-PC target symptoms onset and course of symptoms, and whether symptoms are stimulus specific, anticipatory, or spontaneous
- Evaluate comorbid symptoms (e.g. anxiety, AD/HD, tic disorder, autism, spectrum disorders, PTSD, substance use) and biopsychosocial stressors
- Assessment of risk and development of a safety plan
- Articulation of treatment recommendations and plan
- Feedback and summary with family



Diagnosis/symptom

Eating Disorders in Children and Adolescents

Referring provider's initial evaluation and management can include:

- Medical history for height, weight, record of weight loss over last 6 months
- Orthostatic vital signs, body temperature), lab data (e.g., electrolyte, thyroid functioning), cardiac functioning

When to initiate referral:

- Unhealthy or non-physician directed weight loss is occurring
- Bingeing/purging behavior exceeds more than 1x per week
- Child/adolescent is non-responsive to medical advice or parent guidance to stop eating disordered behaviors
- Child/adolescent is non-responsive to current outpatient counseling and/or overall presentation is deteriorating
- Child/adolescent is in need of acute hospitalization due to medical concerns
- Child/adolescent's day-to-day functioning and interests are narrowing to where engaging in the eating disordered behavior is the primary interest

What can referring provider send?

- Previous clinic notes and relevant history including medication history for both medical and psychiatric conditions
- Current list of outpatient providers (medical, mental health or other)
- List of co-morbid concerns
- Food/fluid intake over last 3 days

Children's workup will likely include:

- Psychological assessment/evaluation
- Nutrition evaluation
- Medical examination
- Laboratory blood test as indicated
- Feedback and summary with family



Diagnosis/symptom
Treatment Resistant
ADHD

Referring provider's initial
evaluation and management
can include:

- Treatments: recommended and delivered
- Response history to treatments
- Records regarding psychotropic interventions

When to initiate referral:

- Response to treatment not effective
- Has comorbid symptoms that require special assessment or interventions

What can referring
provider send?

- Birth, developmental and medical history
- Family and social history
- Evaluations of psychiatric, psychosocial and/or cognitive problems

Children's workup will
likely include:

- Standard history and physical exam
- Screening neurological exam
- History from parents/care-givers regarding onset and course of symptoms
- Clarification of symptoms across domains (consider use of standard and validated assessment tools)
- Differential diagnosis (includes other disruptive disorders, learning disabilities, developmental disorders)
- Assessment of comorbid conditions (very common with this diagnosis)
- Feedback and summary with family



Diagnosis/symptom

Oppositional Defiant Disorder/Behavioral Disorders

Referring provider's initial evaluation and management can include:

- Developmental and medical history, including psychotropic medications

When to initiate referral:

- Disruptive behavior affects day-today functioning and/or interferes with attainment of developmental milestones or success at school
- Multiple acts of physical aggression
- History of maltreatment
- Significant conduct problems have occurred outside of the home (classroom or in the community)
- Child consistently attributes hostile intent to others' behaviors
- Child shows poor or ineffective attachment behavior towards caregivers
- Few or no peer relationships
- Family is highly organized by child's disruptive behavior and/or parents are overwhelmed by the child's behavior

What can referring provider send?

- Family medical and social history if available

Children's workup will likely include:

- Psychological assessment/evaluation
- Establish impact of disruptive behavior
- Establish situational parameters of symptoms
- In older children, establish age of onset and academic progress, especially in reading and language skills
- Probe for co-morbid conditions
- Probe for maltreatment
- Establish extent to which family life is organized or controlled by child's disruptive symptoms
- Feedback and summary with family

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