

Mental Health Screening in Pediatric Primary Care

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Disclosures

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- Book royalty from American Psychiatric Association Publishing (DSM-5 Pocket Guide)

Learning Goals

Discuss the rationale for screening

Discuss some rating scales which can be efficiently utilized in primary care

Plan out practice flow changes to incorporate routine behavioral health screening tools

Review some routine interview questions which can help assess the likelihood of disorders

Why Perform Any Screen?

Four Principles:

- 1) Without screening, an important disorder/condition may go undetected
- 2) The screen is reasonably sensitive and specific
- 3) The screen can be performed efficiently
- 4) There is an effective intervention available for the detected problem

Are Important Conditions Being Missed?

About 22% of US children experience a psychiatric disorder with “serious impairment” by age 18

About half of all psychiatric illness begins by age 14

~20% of primary care visits for mental health problems

Most young people do not get help

- ~80% with anxiety get no treatment
- ~60% with depression get no treatment
- ~40% with ADHD get no treatment

Cumulative Youth Disorder Frequencies

Specific phobia	19%	PTSD	5.0%
ODD	13%	Bipolar	2.9%
MDD/dysthymia	12%	Eating disorder	2.7%
Social Phobia	9.1%	Autism	2.6%
Drug abuse	8.9%	Agoraphobia	2.4%
ADHD	8.7%	Panic disorder	2.3%
Sep. anxiety	7.6%	Gen Anxiety	2.2%
Conduct disorder	6.8%		
Alcohol abuse	6.4%		

Screening Rating Scales

Pros:

- Universal, routine screening possible
 - Increasing identification
- For the care provider, more time efficient screening
 - If completed when provider not in room
- With routine use, providers do not have to remember to initiate the screening conversation
- May increase adolescent disclosure of symptoms

Screening Rating Scales

Cons:

- Impacts on practice flow
 - Explaining, administering scales takes staff time
 - Responding to positive screens takes time
- Providers need to follow-up with any positive screens
- Many instruments available
 - practices need to choose, with consistency for office staff
- False-positives, false-negatives
 - On their own, rating scales do not diagnose any disorder!

Broad versus Narrow Scales

First decide on the purpose of the scale....

Broad based rating scales

- Help determine when further investigation needed
- Lower diagnostic specificity, may be less useful for specific disorder outcome tracking

Broad—Is there any mental health problem?

Brief, free examples include PSC-17, PSC-35, SDQ

Longer tools like BASC (cost), CBCL (cost) less practical as primary care screeners

Broad—Is there any social-emotional problem?

Examples ASQ-SE (cost) or BITSEA (cost); ECSA (free)

PSC-17

Internalizing

Depression

Anxiety

Attention

Externalizing

ODD

Conduct

35 item version also available

Age 8 and up

No fee for use

Pediatric Symptom Checklist-17 (PSC-17)

Caregiver Completing this Form: Date:.....

Name of Child:.....

	Please mark under the heading that best fits your child			For Office Use		
	NEVER	SOMETIMES	OFTEN	I	A	E
1. Fidgety, unable to sit still						
2. Feels sad, unhappy						
3. Daydreams too much						
4. Refuses to share						
5. Does not understand other people's feelings						
6. Feels hopeless						
7. Has trouble concentrating						
8. Fights with other children						
9. Is down on him or herself						
10. Blames others for his or her troubles						
11. Seems to be having less fun						
12. Does not listen to rules						
13. Acts as if driven by a motor						
14. Teases others						
15. Worries a lot						
16. Takes things that do not belong to him or her						
17. Distracted easily						
(scoring totals)						

Scoring:

- Fill in unshaded box on right with: "Never" = 0, "Sometimes" = 1, "Often" = 2
- Sum the columns.
PSC17 Internalizing score is sum of column I
PSC17 Attention score is sum of column A
PSC17 Externalizing score is sum of column E
PSC-17 Total Score is sum of I, A, and E columns

Suggested Screen Cutoff:

PSC-17 - I \geq 5

PSC-17 - A \geq 7

PSC-17 - E \geq 7

Total Score \geq 15

Higher Scores can indicate an increased likelihood of a behavioral health disorder being present.

PSC-17 may be freely reproduced.

Created by W Gardner and K Kelleher (1999), and based on PSC by M Jellinek et al. (1988)

Formatted by R Hill, inspired by Columbus Children's Research Institute formatting of PSC-17

Narrow Based Rating Scales

Preferred for investigating a particular problem

- More disorder specificity, greater predictive value
- Preferred for tracking treatment outcomes
- A few examples
 - Vanderbilt or SNAP-IV (both free) to evaluate inattention/hyperactivity
 - SCARED (free) , GAD-7 (free) or MASC (cost) to evaluate anxiety

Might universally use for a high frequency problem

- Example depression screening

Recommendations for Depression Screening

AAP Bright Futures recommends:

- Annual depression screens for age 12 and up
- Maternal depression screens at 1, 2, 4 and 6 month visits

US Preventive Services Task Force endorsed depression screening in pediatric primary care for ages 12-18

- Only if system for accurate diagnosis, therapy and follow-up

Targeted Screen/Depression diagnosis aides

Free to reproduce examples

- PHQ-9 or PHQ-A for adolescents (9 items)
- MFQ/SMFQ for age 6-17 (SMFQ 13 items)
- CES-DC for adolescents (20 items)
- For moms: Edinburgh Postnatal Depression Scale or PHQ-9

Cost to use examples

- BDI for adolescents
- CDI-2 age 7-17

These all are useful for tracking response to treatment

Using Depression Rating Scales

Only as good as the information input

- Patients may have a “positive ROS”
- Youth may falsely deny having any symptoms

Recognizing the imperfect sensitivity/specificity

- SMFQ score of 8 or higher and major depression
 - 60% sensitivity, 85% specificity
- PHQ-9 and major depression (adolescent)
 - 73% sensitive, 94% specificity

SMFQ

Age 6 and up

No fee for use

Layout as reproduced in
PAL Care Guide

www.seattlechildrens.org/PAL

Short Mood and Feelings Questionnaire

This form is about how you might have been feeling or acting recently.

For each question, please check how much you have felt or acted this way *in the past two weeks*.

If a sentence was true about you most of the time, check TRUE.

If it was only sometimes true, check SOMETIMES.

If a sentence was not true about you, check NOT TRUE.

	TRUE	SOMETIMES	NOT TRUE
1. I felt miserable or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I didn't enjoy anything at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt so tired I just sat around and did nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was very restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt I was no good any more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I cried a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I found it hard to think properly or concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I hated myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was a bad person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I thought nobody really loved me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I thought I could never be as good as other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I did everything wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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By Angold and Costello, 1987

Free download at <https://devepi.duhs.duke.edu/mfq.html>

PHQ-9

Age 13 and up

No fee for use

PHQ-A is nearly identical, slight wording modifications, both research supported for adolescents

Layout as reproduced in PAL Care Guide www.seattlechildrens.org/PAL

Patient Health Questionnaire (PHQ-9)

NAME..... DATE.....

Over the *last 2 weeks*, how often have you been bothered by any of the following problems? (use "✓" to indicate your answer).

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns [] + [] + []				
<i>(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).</i> TOTAL: []				

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people.

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

After screening, Assess

Review confidentiality and its limits

Talk to teen alone and follow up on positive screening answers

- Project interest in them, how they are doing

Offer support and validation

- “sounds like things are very hard for you right now”

Inquire about safety

May diagnose Major Depression after a “SIGECAPS” neuro-vegetative symptom review (next slide)

Depression Symptom Mnemonic

Major Depression per the DSM-5

2 weeks of depressed mood plus 4 of the following changes (5 if mood is just irritable):

- Sleep
- Interest
- Guilt
- Energy
- Concentration
- Appetite
- Psychomotor
- Suicidality

Children's Hospital & Regional Medical Center

Name Depressed Patient Age _____
Address _____ Date _____

Rx Sig: _____
E Caps

Signature

Refill 0 1 2 3 4 5 6 DAW

Clinical judgment trumps the screen

You may judge child has “Unspecified Depression” per DSM-5, even if not all specific criteria are met

- Depressive symptoms with decreased functioning
- Enough basis to initiate referrals for therapy



Asking About Suicidality

Part of every depression evaluation

Start broad

- “Ever wish that you weren’t around?”
- “Ever thought about killing yourself?”

If positive, then get specific

- “In the past month, have you thought about killing yourself?”
 - “How about in the past week?”
- “Have you made any plans for how you would kill yourself? What would you do?”

Why Ask? Because Suicidality in Young People is Common

US High school students' self report (2019), regarding the past 12 months:

18.8%	seriously considered suicide
15.7%	made a suicide plan
8.9%	attempted suicide
2.5%	needed treatment

Anxiety Rating Scales

Really common problem, often a major delay to diagnosis

- Recall it is said that ~80% of anxious kids get no treatment

Screening holds value in detection

- Treatments (CBT and SSRIs) are more effective than for depression

Several anxiety scales validated for children I often recommend:

- SCARED (free, age 8-18, 41 items)
- Spence Children's Anxiety Scale (free, age 7-18, 45 items)
- GAD-7 (free, age 13 and up, 7 items)
- MASC-2 (cost, age 8-19, 39 items)

SCARED

41 items

Parent and child scales

Ages 8-18

Free to reproduce

In our PAL Care Guide

Subscale scores can track individual disorders

Screen for Child Anxiety Related Disorders (SCARED)

Name _____ Today's Date _____

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. When I feel frightened, it is hard for me to breathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I get headaches when I am at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I don't like to be with people I don't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I get scared if I sleep away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I worry about other people liking me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When I get frightened, I feel like passing out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I follow my mother or father wherever they go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. People tell me that I look nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel nervous with people I don't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I get stomachaches at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When I get frightened, I feel like I am going crazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I worry about sleeping alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I worry about being as good as other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When I get frightened, I feel like things are not real	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I have nightmares about something bad happening to my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I worry about going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. When I get frightened, my heart beats fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I get shaky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I have nightmares about something bad happening to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I worry about things working out for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. When I get frightened, I sweat a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other free screeners for anxiety

SPENCE Children's Anxiety Scale <http://scaswebsite.com>

- Free, has child, parent and teacher scales
- Ages 3-17
- Available in many (28+) languages
- 44 item measure for child and 38 item measure for parent

GAD7

- Free
- Brief, only 7 questions
- Validated for ages 14 and up
- Scores 0-21 with >5 (mild), >10 (moderate), >15 (severe)
- Total score >10 should trigger extended evaluation

Additional Anxiety Screener: PTSD

SCARED Traumatic Stress Disorder Scale

- Free, 4 item initial screen for PTSD symptoms
- Ages 7-19
- If all four questions positive, sensitivity 100%, specificity 52%
- Score > 6, consider referral for therapy
- Pushing for details of what happened specifically can be re-traumatizing if not done supportively
- Just need to learn enough to know if child is safe now, or if a need to report

Screen for Child Anxiety Related Disorders (SCARED) Traumatic Stress Disorder Scale

Name Today's Date

Directions:

Below is a list of sentences that describe how people feel. Read each and decide if it is "Not True or Hardly Ever True," "Somewhat True or Sometimes True" or "Very True or Often True" for you. Then for each sentence, choose the answer that seems to describe you for the last 3 months.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
I have scary dreams about a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try not to think about a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get scared when I think back on a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep thinking about a very bad thing that once happened to me, even when I don't want to think about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score

Substance Abuse in Adolescents

YBRS survey 2019

◦ Drank alcohol in last 30 days	29%
◦ Marijuana in past 30 days	22%
◦ Narcotic pill (not as prescribed) past 30 days	14%
◦ Vape nicotine in past 30 days	7%
◦ Ever used hallucinogens	7%
◦ Ever used inhalant	6%
◦ Ever used cocaine	4%
◦ Ever used meth	2%

Asking all adolescents about substance use during well exams is thus advised

Screening for Substance Abuse

SBIRT approach

- Routinely screen adolescents with tools like CRAFFT, S2BI, or BSTAD
- Brief Intervention
 - Motivational interview
 - If you just tell someone to change their behavior, resistance is automatic
 - Goal to get patient to describe their own pros and cons to you
 - Then select and reflect back the patient's own words supporting change
 - "So when you drink, your mom gets on your case and your grades drop..."
- Refer to Treatment
 - Review of options, "Where are you now... Want to quit, cut down, or make no change?"
 - Ask permission to discuss their concerns with others offering support

CRAFFT

Layout example from PAL Care Guide

The CRAFFT Interview (version 2.1)

To be orally administered by the clinician

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol?
Put "0" if none. # of days
2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")? Put "0" if none. # of days
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)?
Put "0" if none. # of days

Did the patient answer "0" for all questions in Part A?

YES



Ask CAR question only, then stop

NO



Ask all six CRAFFT* questions below

Part B

	NO	YES
C Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using drugs?	<input type="checkbox"/>	<input type="checkbox"/>
R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
A Do you ever use alcohol or drugs while you are by yourself, or ALONE?	<input type="checkbox"/>	<input type="checkbox"/>
F Do you ever FORGET things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
T Have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

*Two or more YES answers suggest a serious problem and need for further assessment.
See back for further instructions →

ADHD Rating Scales...

Most are already familiar with use

Core ADHD diagnostic feature is: symptoms in >1 setting

- Screening tools gather symptom report data from school or other households

Useful for tracking stimulant treatment response

Common examples:

- Vanderbilt ADHD scale
- Conners rating scale (cost)
- SNAP-IV

Practice flow suggestion: staff could ask for collecting school rating scales prior to scheduling an “ADHD evaluation appointment”

AAP Recommendation for Developmental Screening

Broad based developmental screens at 9, 18, and 30 month visits

- Examples ASQ or PEDS (cost); SWYC (free)

Specific Autism screens at 18 and 24 months

- Examples M-CHAT (free) , PDDST (cost)

Ask surveillance questions at every well child check

- Walk, talk, draw, throw etc.
- Again, developmental screens have been historically more routinely utilized than mental health screens

Tips for Overcoming Screening Barriers

Figure out where this fits in your office flow

- Provider choice to administer less preferred over admin routine as screening
- Automatic for certain well visits, mental health chief complaints, etc.

Practice leaders discuss and make decisions on office flow changes

- Same screening rating scale would ideally be used by all
- Same visit trigger schedule for staff to utilize
- Might choose a single condition (like depression) to start with

Overcoming Screening Barriers

Plan your office procedure for positives, or a child in crisis

- Know some mental health resources in your community
- Have handouts ready with crisis line numbers, local supports

Providers be prepared to ask questions in a manner which projects their wanting to know...

- “Have you been feeling down or low recently?”
 - Not “You don’t feel depressed, do you?”

A thin vertical line is positioned to the left of the text, extending from the top of the text area to the bottom.

Screening With Verbal Questions

Broad interview screening questions

“Are you concerned about your child’s learning, development or behavior?”

- Specifically asking for parent concerns, then really listening, will detect many problems (like the PEDS)

“Does your child seem to be having less fun now than they used to?”

- Very broad mental health screener, almost as useful as full PSC

Targeted Mental Health Interview screening questions

Depression:

- “Have you felt down, depressed or uninterested in things you used to enjoy for more than the past 2 weeks?”

Generalized Anxiety:

- “Do you feel tense, restless or worried most of the time?”

Separation Anxiety

- “Is it hard to leave your house, or hard to leave your mom/dad because of your worries?”

Targeted interview screening questions

OCD:

- “Do you frequently get unwanted thoughts, or urges in your mind? Do you check or clean things to avoid those thoughts?”

Specific phobia

- “Is there something in particular or a situation which makes you immediately afraid?”

ADHD:

- (for parent) “When they want to learn, is your child still too inattentive or hyperactive to succeed?”

Targeted interview screening questions

Mania/Bipolar:

- “Ever had a period of a week or more when you felt the opposite of depressed, with super high energy and little need for sleep?”

PTSD:

- “Do you avoid reminders of traumatic events in your past? Do you startle easily or get frequent nightmares?”

Poverty Child Stress Screening Questions

21% of children live in households <100% Fed Poverty Level

Poverty screen question:

- “Do you have difficulty making ends meet at the end of the month?”
 - 98% sensitivity for the need to connect to community resources

1 in 5 children have experienced food insecurity (per usda.gov)

Food security—2 question screen

- “Within the past 12 months, we worried whether our food would run out before we got money to buy more.” (Yes/No)
- “Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more.” (Yes/No)

If Poverty Screening--Be Prepared to Help

Create a local resource list

- public health departments, legal aid services, social organizations, food pantries, faith-based organizations, and community development organizations

<http://211.org> then enter ZIP code or city, or call 211

<https://www.foodpantries.org/>

<https://www.feedingamerica.org/find-your-local-foodbank>

The 15 Minute Mental Health Interview

ORGANIZING AN APPROACH TO A COMMON CHALLENGE



Efficient use of 15 minutes

Step 1: Use pre-assessment screening tools

- Completed and scored before you even enter the room
- Can reference the responses in your conversation
- Consider pausing your evaluation while a rating scale tool is completed, and come back

Step 2: Identify their leading concern

- Long list of issues requires a 2nd appointment to fully address
- “What are you most concerned about today?”

Efficient use of a 15 minute visit

Step 3: Think about or screen for safety

- Suicidality, substance abuse, aggression, physical abuse
- Is a disclosure or referral needed to keep the child safe?

Step 4: Reach a probable diagnosis

- Don't expect to make a definitive diagnosis that quickly
 - Use the next appointment to refine your assessment
 - Psychiatrists get more than 15 minutes to make a diagnosis
- Can usually identify the right category of problem
 - “Unspecified ... disorder” or “adjustment disorder” as examples

Finishing up the 15 minute visit

Step 5: Recommend a next step

- Another appointment
- Therapist referral
- Family self-help interventions (books, videos, etc)
- Educational intervention (parent outreach to their school)
- Safety plan advice
- Gather more information (ex. Rating scales from teachers)

Practice Changes You May Wish To Make

Make a plan to incorporate routine screening tool use in your practice

- AAP recommendations for developmental checks, adolescent depression and substance abuse a good place to start

Engage your support staff in administering and scoring rating scales

- Example- schedule “ADHD eval” appointments after clinic receives parent and teacher rating scales

Practice using some of the described one-sentence routine screening questions within your appointments

Discussion

- Robert.hilt@seattlechildrens.org
- Care guide at www.seattlechildrens.org/pal contains many of the free rating scales described
- <https://brightfutures.aap.org>
- DSM-5 Pocket Guide for Child and Adolescent Mental Health available from APA Publishing (cost)