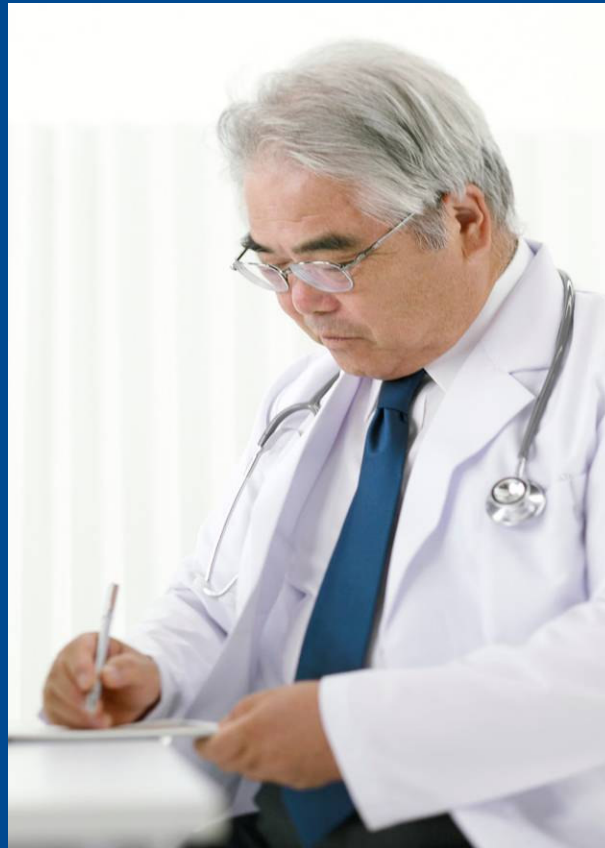


Nevada Behavioral Health Checkup Review of Screening Results

Conducting the Post-Screening Interview



Assessing for Depression

Depressive illness in children and adolescents includes a cluster of symptoms which have been present for at least two weeks.

Common symptoms of adolescent depression to ask about include:

- ✓ Change of appetite with either significant weight loss (when not dieting) or weight gain
- ✓ Change in sleeping patterns (such as trouble falling asleep, waking up in the middle of the night, early morning awakening, or sleeping too much)
- ✓ Loss of interest in activities formerly enjoyed, which may be associated with withdrawal and isolation from friends or afterschool activities
- ✓ Loss of energy, fatigue, feeling slowed down for no reason, "burned out"
- ✓ Feelings of guilt and self blame for things that are not one's fault
- ✓ Inability to concentrate and indecisiveness
- ✓ Feelings of hopelessness and helplessness
- ✓ Thoughts or expressions of suicide or other self-destructive behavior
- ✓ Symptoms of irritability, grumpiness, and boredom
- ✓ Vague, non-specific physical complaints

Assessing for Thought Disorder

√ The PCP may suspect a thought disorder (e.g., psychosis) if two or more symptoms are present for at least six months.

Delusions

Hallucinations

Disorganized Speech

Disorganized or Catatonic Behavior

Other Negative Symptoms (Flat affect,
social withdrawal)

Suicide

Current Suicidal Ideation

- ✓ Thinking about killing self within the last three months
- ✓ Transient thoughts of killing self that occurred within the last three months
- ✓ Does not include thoughts about suicide as an abstract concept

Suicide Attempts

- ✓ Self-injurious behavior accompanied by evidence (either explicit or implicit) that the person intended to die regardless of lethality of method
- ✓ Includes aborted or interrupted attempts; any potentially self-injurious behavior accompanied by evidence (either explicit or implicit) that the person intended to die but stopped or was interrupted before physical damage occurred

Assessing for Suicidal Ideation

Consider asking questions about the following:

- ✓ Thoughts of killing self (onset, frequency, recency)
- ✓ Suicide plan or methods associated with thoughts (vague or specific)
- ✓ Method (s) available
- ✓ Strength of intent/ wish to die
- ✓ Precipitants/ triggers of suicidal ideation
- ✓ Deterrents to suicidal actions
- ✓ Passive suicidal ideation (wish were dead, never wake up; onset, frequency, recency)

Assessing for Prior Suicide Attempts

Consider asking questions about the following:

- ✓ Number of attempts in lifetime

Most Recent Suicide Attempt

- ✓ Date
- ✓ Method
- ✓ Planned or impulsive
- ✓ Believed action would result in death
- ✓ Did they disclose attempt, were they discovered or did they stop themselves
- ✓ Did they attempt to conceal
- ✓ Lethality/ medical attention
- ✓ Stressors/ mood just prior to attempt
- ✓ Substance use prior to attempt

Most Serious Suicide Attempt

- ✓ Date
- ✓ Method
- ✓ Planned or impulsive
- ✓ Believed action would result in death
- ✓ Did they disclose attempt, were they discovered or did they stop themselves
- ✓ Did they attempt to conceal
- ✓ Lethality/ medical attention
- ✓ Stressors/ mood just prior to attempt
- ✓ Substance use prior to attempt

Assessing for Non-Suicidal Self-Injury

Non-suicidal self-injury (NSSI) involves direct and deliberate destruction of one's body without an intent to die. NSSI is sometimes inflicted by youth as a way to change how they feel. The causes and severity of NSSI can vary. Some forms to ask about include:

- ✓ Cutting
- ✓ Carving
- ✓ Scratching
- ✓ Branding
- ✓ Marking
- ✓ Picking and pulling skin and hair
- ✓ Burning/abrasions
- ✓ Biting
- ✓ Bruising
- ✓ Excessive body piercing
- ✓ Tattooing
- ✓ Head Banging
- ✓ Hitting

Knock et al., 2006
AACAP, 2008; www.aacap.org

Assessing for Anxiety

Consider asking questions about the following:

- ✓ Panic attacks (onset, frequency, recency)
- ✓ Excessive, persistent and difficult to control anxiety and worry
- ✓ Marked and persistent fear of social or performance situations
- ✓ Obsessions and compulsions
- ✓ Exposure to traumatic events
- ✓ Other specific areas of anxiety (i.e., fear of heights, flying, animals, etc.)
 - And impairment related to any of the symptoms

Assessing for ADHD

Children with ADHD shows symptoms and behaviors of inattention, distractibility, impulsivity, or hyperactivity more frequently and severely than other children of the same age or developmental level. ADHD must begin before the age of seven and it can continue into adulthood.

Common symptoms of ADHD to ask about include:

- Trouble paying attention
- Inattention to details and makes careless mistakes
- Easily distracted
- Loses school supplies, forgets to turn in homework
- Trouble finishing class work and homework
- Trouble listening
- Trouble following multiple adult commands
- Blurts out answers
- Impatience
- Fidgets or squirms
- Leaves seat and runs about or climbs excessively
- Seems "on the go"
- Talks too much and has difficulty playing quietly
- Interrupts or intrudes on others

Assessing for Conduct Disorder

Conduct disorder refers to both behavioral and emotional problems in youngsters. Children and adolescents with this disorder have difficulty following rules and behaving in a socially acceptable way.

Common symptoms of conduct disorder to ask about include:

Aggression to people and animals

- Bullies, threatens or intimidates others
- Often initiates physical fights
- Has used a weapon that could cause serious physical harm to others
- Physically cruel to people or animals
- Steals from a victim while confronting them (e.g. assault)
- Forces someone into sexual activity

Destruction of Property

- Deliberately engaged in fire setting with the intention to cause damage
- Deliberately destroys other's property
- Deceitfulness, lying, or stealing; Lies to obtain goods, or favors or to avoid obligations
- Has broken into someone else's building, house, or car
- Steals items without confronting a victim (e.g. shoplifting, but without breaking and entering)

Serious violations of rules

- Often stays out at night despite parental objections
- Runs away from home
- Often truant from school

Assessing for Substance Abuse and Dependence

Consider asking the following questions about Alcohol, marijuana and other substances:

- ✓ Frequency of use
- ✓ Quantity used
- ✓ Tolerance
- ✓ Symptoms of withdrawal
- ✓ Inability to cut down or control use
- ✓ Failure to fulfill obligations at school, home or work as a result of use

Addressing Crisis Situations

Before screening begins, it may be helpful to review standard crisis protocols and guidelines that are in place to manage crisis situations.

Crisis situations are determined by PCP's clinical judgment and may involve the following:

- ✓ Patient is in imminent danger
 - At high risk for suicidal behavior
 - At high risk for homicidal behavior
 - Exhibits violent behavior
 - Exhibits psychotic symptoms
- ✓ Patient reports current suicidal ideation
- ✓ Patient reports a previous suicide attempt

Additional Information

To learn more about the common signs and symptoms associated with other mental health problems, as well as resources specifically designed for physicians to assist with addressing emotional and behavioral concerns in patients, please visit the American Academy of Child and Adolescent Psychiatry (AACAP) Web site:

<http://www.aacap.org/>

Primary Care Provider Decision

Post-screening discussion may lead to:

- ✓ Crisis/Emergency Care
- ✓ Referral to a mental health provider for further evaluation
- ✓ Follow-up with PCP for identified problem
- ✓ No referral, discuss findings with parent
- ✓ Youth currently in treatment, discuss with parents

Parent Notification & Engagement

- ✓ Elicit parents' perspectives on their children before giving recommendations.
- ✓ Inform parents of the screening results, recent suicidal thinking and past suicide attempts.
- ✓ Inform parents of clinical recommendations for follow-up with PCP and/ or referral.

Parent Notification & Engagement

Additional Suggestions

- ✓ Know the key concerns identified by the screening and what should be conveyed to the parent during your discussion.
- ✓ Offer support to families that need assistance with finding or making an appointment.
- ✓ Be prepared to spend a few extra minutes with parents.
- ✓ Be clear about the level of urgency.
- ✓ Be prepared to answer difficult questions.
- ✓ Provide educational materials when requested by parents.