

Children's TiPS

Psychiatry and ADHD

By: David Benhayon, MD PHD

Attention-Deficit Hyperactivity Disorder (ADHD) is one of the most prominent mental health diagnoses facing pediatricians and providers of primary care to children. Estimates suggest that at least 5% of children (and many studies suggest far higher rates) meet criteria for ADHD. As with all things in mental health, the treatment of ADHD is best accomplished with a biopsychosocial approach, but clearly medication is a major component of managing ADHD. Given the prevalence of ADHD in youth as well as the potential to have tremendous impact in symptoms, providers who work with children should be familiar with these medications and their basic usage.

The nomenclature of ADHD medications can be quite daunting, and the aim of this article is to simplify things a bit by helping to stratify and clarify the numerous medications that are available. My advice for prescribers would be to familiarize yourself with a few medications in each class to use as 'go-to' first-line medications rather than attempting to know all of them. You can call TiPS if you have questions about specific medications.

ADHD medications may be broadly broken down into two types: stimulants and non-stimulants (Figure 1). Stimulants are the mainstay of treatment of ADHD, and the stimulants may be further subdivided into two separate groups: methylphenidate (MPH) and amphetamine/amphetamine derivatives (AMP). It is very easy to become bogged down in the numerous brand names and preparations of medications of these, however it is critical to remember that all stimulant medications are either MPH or AMP. The different brand names (Concerta, Ritalin, Quillivant, Metadate, Daytrana, Adderall, Vyvanse, Adzenys, ProCentra, Evekeo, to name a few) all represent different preparations, liquids, patches, long-acting/short-acting versions, but all are MPH or AMP. Non-stimulant



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Special points of interest

- TiPS conference in Erie — September 15, 2017 at The Ambassador Center
- TiPS celebrated it's first year on July 1, 2017.
- TiPS will begin accepting calls for UPMC commercial insurances in July 2017.

Psychiatry (continued)

medications are generally a bit simpler, as there are fewer of them. They tend to be used second-line when stimulants either fail to alleviate symptoms entirely or are contraindicated due to side effects (weight loss, poor sleep, irritability) or potential for misuse. Frequently, the two classes of medication will be combined, most frequently the use of an α -agonist with a stimulant.

Generally, the objective in prescribing for ADHD is to allow the child to focus for as long as possible, while allowing the stimulant to be eliminated by the evening, allowing the child to sleep. Usually the initial strategy is to prescribe an extended-release medication in the

morning, which will ideally last 8-13 hours. Depending upon how rapidly the child metabolizes the medication, a short-acting 'booster' dose of medicine may be required for the afternoon/early evening. There is a great deal of flexibility in dosing stimulants, and it is not required that they be given every day. Depending upon the amount of homework a child has, or how they eat and feel on the medication, dose adjustments are common. Weight can be used to help determine how close a child is to the maximum DEA approved dose. Whereas a full survey of ADHD medications is beyond the scope of this essay, hopefully this will provide some clarity for prescribers. □

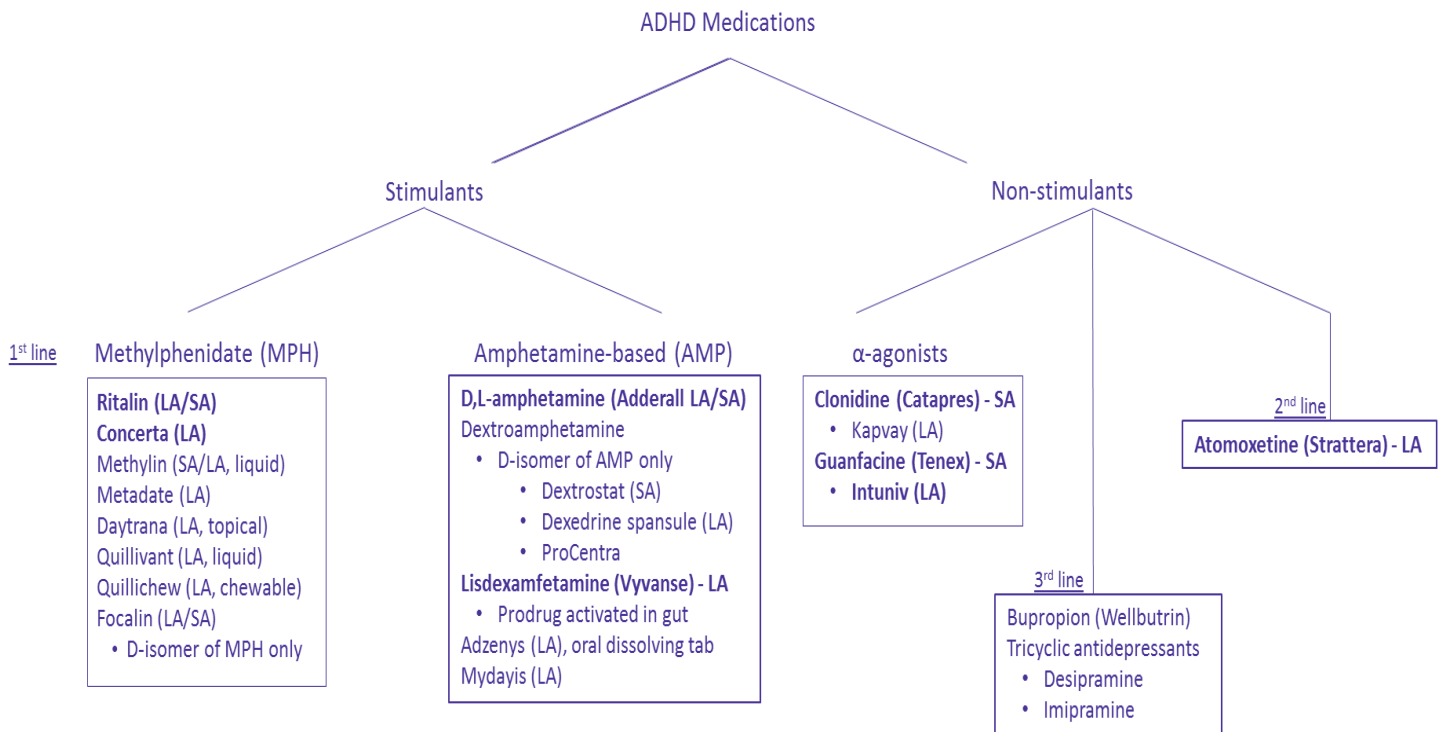


Figure 1

Medications used for ADHD are subdivided into stimulants and non-stimulants, and stimulants are further subdivided into MPH-based medicines and AMP-based medicines. This is not an exhaustive list of all ADHD medications, but rather a way to categorize the medicines by type, as well as stratifying them into first-, second-, and third-line medications. Though I have listed them as either long-acting (LA) or short-acting (SA), the brand names often label them as XR (extended release) or CD (controlled dosing). Non-stimulant medications most commonly used in ADHD are centrally acting α -agonists and atomoxetine. Medications in bold are ones the author uses frequently and ones with which I would recommend becoming familiar.

Care Coordination: Educational Advocacy

By: Nechama Splaver, LSW and Emma Walton, LPC

The symptoms of Attention Deficit Hyperactivity Disorder (ADHD) can result in school becoming a challenging experience for children, parents, and teachers. Children diagnosed with ADHD can qualify for accommodations through the school system in the form of an Individualized Education Plan (IEP) or 504 Plan. While these two are very similar, there are a few key differences. Both are federal laws that ensure access to free and appropriate public education. The IEP falls under the Individuals with Disabilities Education Act (IDEA) and the 504 comes from Section 504 of the Rehabilitation Act of 1973.

The IEP has very specific guidelines relating to eligibility, requiring students to have one or more disabilities from the list of 13 noted in IDEA. This disability must impact the child's ability to learn and benefit from the regular education program at their school. In contrast, the 504 Plan is more general, covering a broader description of disabilities and impairments in the school setting. Often, children who do not qualify for an IEP can still qualify for a 504 Plan. Both plans require an evaluation, paid for by the school system.

Parents interested in obtaining an evaluation are encouraged to reach out to the school, in writing, to request a psychoeducational assessment. Parents will also need to sign a form providing the school permission to evaluate their child. Once this written request has been received by the school, the Pennsylvania Code notes that the school has 60 calendar days, summer breaks not included, to complete this evaluation. If this evaluation indicates that the child qualifies for either an IEP or 504 Plan, parents and school personnel will meet to determine the needs to be addressed with this plan, and how they are to be addressed.

An IEP notes educational goals and how those goal will be tracked by the school; services the child is to receive; when services will begin and how long they will last; any accommodations to the learning environment; and how the child will be included in regular education programming. The 504 Plan is less specific, simply noting the services to be implemented for the child, the name of the person who will provide each service, and the name of the person responsible for ensuring that the plan is adhered to.

If parents have concerns about their child's educational rights or current services, they can enlist the assistance of an educational advocate. An educational advocate will work with the school and the district on the child's behalf. Educational advocates are often available at no cost to families. The following resources are helpful for understanding the laws surrounding IEPs and 504 Plans, and their implementation. Two that are particularly helpful include:

- Children and Adults with ADHD (CHADD): www.help4adhd.org
- The Pennsylvania Education Law Center: www.elc-pa.org □

Things To Remember

Upcoming Practice Visits

- 7/20/2017—Caring Hands Pediatrics

If you would like a TiPS Psychiatrist to visit your practice to discuss TiPS or to provide education on any behavioral health topic, please contact us at 724-933-3912 or wpatips@chp.edu

Important Dates

- The Fall 2017 TiPS Conference will be held in Erie on 9/15/2017 at the Ambassador Center
- We now offer free webinars. Look for additional information on our website: www.chp.edu/tips

Welcome New TiPS Enrolled Practices

- Cole Memorial—Port Allegany
- Community Health Clinic
- Healthy Beginnings Pediatrics
- Pediatric Care Center of Erie
- Northside Christian Health Center
- Butler Health System—Seneca Medical Center
- Bayside Family Medicine

For Enrolled Practices

We will be reaching out to the following practices soon to set up a yearly practice visit:

- Helping Hands Pediatrics
- CCP-Hamot
- Primary Health Net-Sharon Medical Group
- CCP-West Millcreek
- Family Healthcare Partners
- Warren Pediatrics
- Children's Healthcare West
- Kids Way Pediatrics
- Primary Health Net-Wayne Primary Care
- Seven Hills Pediatrics
- CCP-Pittsburgh Pediatrics
- CCP-South Hills
- Kids Plus Pediatrics
- Pediatric Alliance
- Dr. Richard Papa and Associates
- Pediatric Care Specialists
- Premier Medical Associates
- Latterman Family Health Care Center
- East Suburban Pediatrics

ADHD and PCIT

By: Colleen Gianneski, LCSW and Emma Walton, LPC

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common behavioral health diagnosis that pediatricians encounter in primary care. Symptoms can include distractibility, high energy levels, and impulsivity. Some children experience both impulsive/hyperactive and inattentive symptoms while other children experience just one or the other. Many children with ADHD struggle with organizational skills, time management, and attending to non-preferred activities .

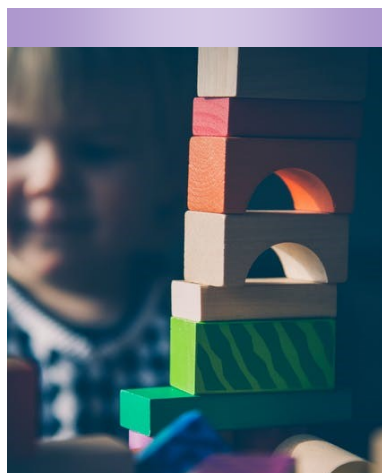
Parent-Child Interaction Therapy (PCIT) is an evidenced based outpatient treatment intervention for children ages two and a half to seven years old with disruptive behavior disorders , such as ADHD. Therapists who provide PCIT have specialized training in behavior management techniques for young children with hyperactive, oppositional, defiant and aggressive behaviors. The intervention has two phases that are referred to as Child Directed Interaction (CDI) and Parent Directed Interaction (PDI). Most families can complete both treatment phases in twelve to twenty weekly sessions.

The goal of CDI is to strengthen the parent-child relationship using play. Parents are taught specific skills to use in play that will reinforce the child's use of pro-social behaviors and discourage undesirable behaviors.

The goal of PDI is to provide parents with effective strategies to respond to their child's most difficult behaviors. During PDI parents are taught how to give effective

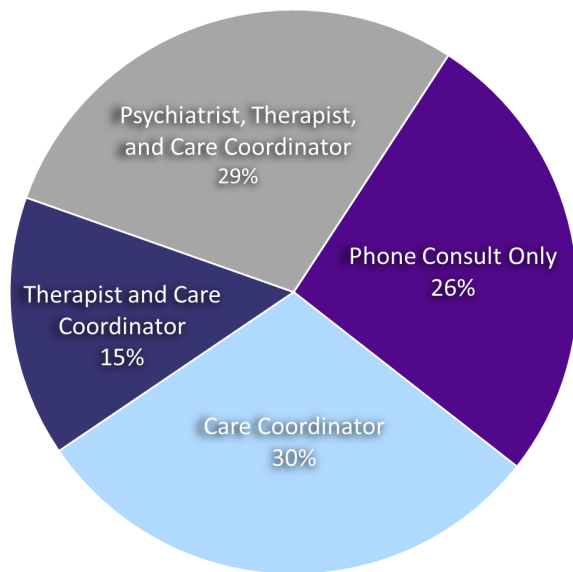
commands and implement time-out both at home and in the community.

The coaching component of PCIT is unique in that it allows the therapist to teach skills to the parent while they are interacting with their child. This is done through the use of a one-way mirror, microphone and headset. Parents can learn, practice and master skills with the support of a therapist who is observing and coaching the parent and child from



outside of the play room. In traditional therapy, parents are taught behavior management strategies in the office and encouraged to practice the skills on their own at home. PCIT allows the parent to receive immediate feedback on how they are applying these skills and learn what specific techniques are most effective for their child.

If you would like to refer a family to PCIT, you can contact TiPS at 1-844-972-8477 for a list of PCIT providers in your area. For additional information pertaining to behavioral therapy and young children with ADHD, please visit <http://www.cdc.gov/adhd>. □



TiPS Activity Data—Outcomes

From May 1, 2017 to June 23, 2017, the TiPS team has completed 90 telephone and in-person curbside consultations. 26% resulted in a consultation with a TiPS psychiatrist with recommendations provided to the PCP, while 74% were referred to additional TiPS services.

Out of all calls, 30% were referred to care coordination; 15% resulted in scheduling a therapist appointment and care coordination; and, 29% resulted in scheduling a multidisciplinary evaluation with both a therapist and a psychiatrist, and follow-up from a care coordinator to provide resources and support. □

76 primary care practices, with a total of 126 locations and over 650 prescribing medical professionals, are enrolled in Children’s TiPS.

Meet the TiPS Team—Staff Highlight

Courtney Hopkins, MA, LPC

Your Job Title/Location: Behavioral Health Therapist at the Children’s Hospital Specialty Care Center located in the Magee-Women’s UPMC Hamot Hospital in Erie, PA.

Education: Bachelor of Science in Psychology from Penn State Behrend and MA in Community Counseling at Edinboro University.

About Your Job: My job is split between two wonderful departments. One includes the Children’s TiPS Program and the other is the Child and Family Counseling Center (CFCC). My role under the TiPS program is to complete comprehensive behavioral health assessments, make recommendations to appropriate levels of care, provide diagnostic clarification and provide bridge treatment for children and families until they are in the appropriate level of care. I work alongside

with psychiatrists, therapist, and care coordinators. My role in the CFCC department is a behavioral health therapist assisting children, adolescents, and families with a wide range of needs and behavioral concerns. I also can make appropriate referrals/ recommendations to families if a higher level of service is needed and provide diagnostic clarification.

About You: I am a dedicated mother and fiancé and very family oriented. I love spending time with others that are close to me. I love to cook and have barbeques. I also am a very independent and strong worker and love working on a positive supportive team.

Your Favorite Food: Dominican or Puerto Rican foods. Rosa’s Legacy is my favorite restaurant. □



Contact Us

Phone: 1-844-972-8477

Email: wpatips@chp.edu

Website: www.chp.edu/tips

Children's TiPS

Our provider-to-provider service gives primary care clinicians (PCCs) access to on-call psychiatrists, Monday through Friday, 9 a.m. to 5 p.m. When a PCC calls, the Children's TiPS team will connect him or her with a child and adolescent psychiatrist within the same day, often within thirty minutes. Our TiPS psychiatrists can answer questions about medications, diagnoses, screening tools, resources and other topics. TiPS psychiatrists can also refer patients to our care coordinators or licensed therapists if needed.

CHILDREN'S TiPS TELEPHONIC PSYCHIATRIC CONSULTATION SERVICE

Children's TiPS

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