



Seattle Children's Hospital Psychiatry/Psychology Consult & Liaison Service

Faculty

Ian Kodish, MD, PhD, Psychiatry Attending/Medical Director

Cynthia Flynn, PhD, Lead Psychology Attending

Brent Collett, PhD, Psychology Attending

Elizabeth McCauley, PhD, Psychology Attending

Eileen Twohy, PhD, Psychology Attending

Psychiatry/Psychology Consultation in Medical Setting

- Psychiatric condition presenting in a general medical setting, e.g. depressed adolescent presents with chronic abdominal pain
- Psychosocial factors contributing to a medical condition, e.g. anxiety about illness can exacerbate diseases like Crohn's or diabetes
- Psychiatric symptoms arising from a medical condition, e.g. child with renal failure becomes depressed
- Psychiatric condition comorbid with a medical condition, e.g. child with ADHD and cancer
- Psychiatric condition causing medical condition, e.g. bradycardia resulting from eating disorder, medical consequences of suicide attempt



- 30% of medical inpatients present with psychiatric condition
- Delirium in 10% of all medical inpatients
- Psychiatric conditions present in up to 2/3 of high users of medical care
- Psychiatric condition predicts length of hospital stay

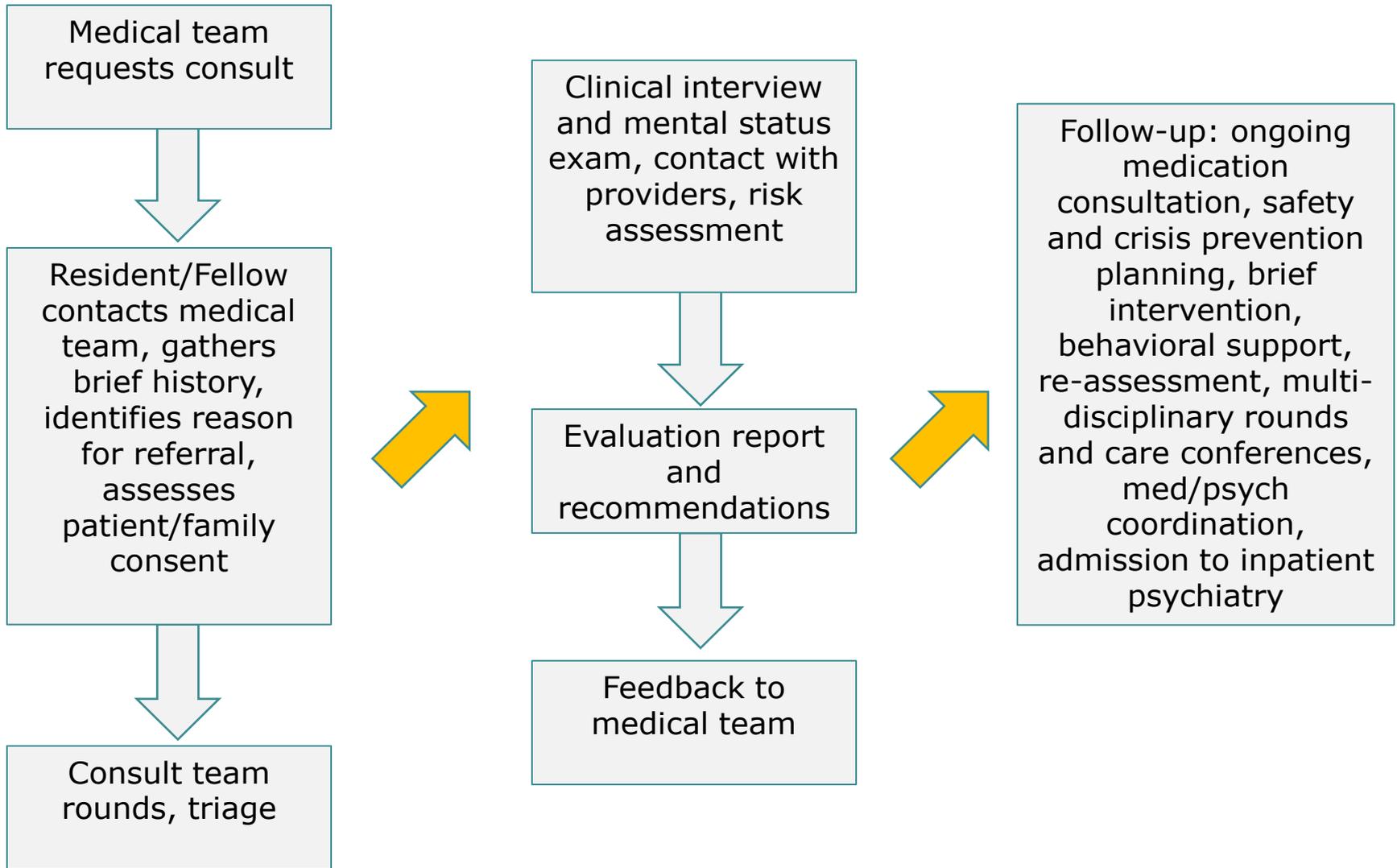
Psychiatry/Psychology Consult Team

- As consultants to inpatient medical teams, provide evaluation and mental health treatment recommendations and serve as liaisons between the medical team, family, and other systems of care (e.g., inpatient and outpatient mental health providers)
- Provide brief intervention, behavioral support, and collaboration during hospitalization
- Treatment plan decision-making remains with medical team

Ian Kodish, MD	Psychiatry Attending	Psychology Attending	Cynthia Flynn, PhD Brent Collett, PhD Elizabeth McCauley, PhD Eileen Twohy, PhD
Rotation: 12 weeks	Psychiatry Fellow	Psychology Resident	Rotation: 3 months

- Consult team includes MD Attending, PhD Attending, Psychiatry Fellow, Psychology Resident, Family Advocate Case Managers, Administrator, other trainees (e.g., pediatric residents, medical students)
- Consults are staffed by at least 1 Attending and Resident/Fellow
- Residents/Fellows conduct consults with both Psychiatry and Psychology Attendings
- Residents/Fellows alternate "first call" M-F, 8-5
- Triage order in which consultations are completed based on urgency, question being asked, projected discharge date, etc.

Consultation Process



Common Consultations

- Risk/safety assessment following suicide attempt/self-harm
- Assessment and assistance for patients hospitalized with medical complications secondary to eating disorder
- Difficulty adjusting to medical diagnosis (e.g., symptoms of depression or anxiety beyond expected reaction)
- Conversion disorder (functional neurological symptom disorder)
- Acute change in mental status, behavioral dysregulation interfering with care on the medical floor
- Atypical or amplified pain along with related psychiatric symptoms
- Poor adherence to medical recommendations (e.g., compliance with diabetes care)
- Complex psychosocial cases and disposition challenges

Opportunities for Skill Development

Assessment and Differential Diagnosis

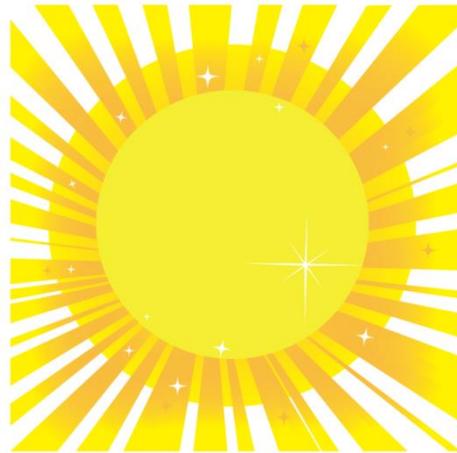
- Exposure to a variety of pediatric medical conditions
- Exposure to less common psychiatric diagnoses
- Delirium, altered mental status exams
- Unexplained somatic symptoms and somatoform disorders
- Influence of psychosocial factors on medical conditions
- Medical conditions with significant psychological repercussions or comorbidities

Treatment

- Brief intervention strategies
- Increase knowledge of psychopharmacology
- Family support
- Facilitate referral to ongoing outpatient care

Symptom Management

- Helping child cope with distress and pain
- Psychoeducation re: diagnosis, medical procedures
- Stress and pain management strategies
- Ongoing medication consultation as needed
- Engaging hospital resources—child life, art therapy, OT/PT, school program
- Work with parents and medical staff on strategies for responding to child's behaviors



Multi-Disciplinary Collaboration

- Communication with medical teams and other consultants
- Develop multi-disciplinary treatment plans

Research and Program Development

- Participate in continuous process improvement and program building
- Participate in consult service self-assessment

Ethical/Professional Issues

- Cultural considerations
- Informed consent
- Help to shape the manner in which care is provided, with attention to the best interest of the child/family
- Patient's right to make decisions about health care
- End of life decisions
- Communication issues