

Children’s Hospital Of Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children’s Hospital of Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Child Development Center: Referral Guidelines for Young Children with Behavioral Difficulties

| Diagnosis/symptom | Referring provider’s initial evaluation and management: | When to initiate referral/ consider refer to Development Center: | What can referring provider send to Development Center? | Specialist’s workup will likely include: |
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| <p>Signs and concerns</p> <ul style="list-style-type: none"> Child between the ages of 2 and 5 who is reported to be experiencing behavioral difficulties. | <p>Questions for referring providers to ask families/consider:</p> <ul style="list-style-type: none"> Consider the age of the child and behavioral expectations for a child that age (i.e. normative presence of tantrums and inconsistent ability to follow directives of toddlers). Inquire into parents’ expectations for the child-are they appropriate for child’s age or are parents asking child to do more than he/she is developmentally ready for? Where do these behavior difficulties occur? With parents, at school, at daycare, in public places? | <ul style="list-style-type: none"> Behavior is clearly inconsistent with developmental expectations Child’s behavior difficulties occur only at school-may be difficulty meeting demands in the academic setting, due to a developmental delay, which is leading to frustration and outbursts at school. Child’s language or other skills appear to be delayed in development-likely this is leading to behavioral struggles that are being observed. Child’s behavior difficulties persist after the family has enrolled and participated in behavior/family therapy for at least 4-5 months. Believe behaviors are due to ADHD but due to child’s young age don’t feel comfortable diagnosing and managing child’s treatment. | <p>1. Using Epic</p> <ul style="list-style-type: none"> Please complete the external referral order <p>In order to help triage our patients and maximize the visit, the following information would be helpful include with your referral order:</p> <ul style="list-style-type: none"> Urgency of the referral What is the key question you would like answered? <p>Note: Our office will send questionnaires to the patient family in order to gather additional information and determine the most appropriate services to meet the child’s needs. The questionnaire is lengthy, please encourage families to complete.</p> | <p>After referral to Development Center:</p> <ul style="list-style-type: none"> Depending on the symptoms and history patients present with, work-ups <i>may</i> include appointments with one or more of the following providers <ul style="list-style-type: none"> Developmental Pediatrician or Nurse Practitioner (evaluation may include: full history and medical exam and developmental screening of gross motor, |

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| | <ul style="list-style-type: none"> • Does the child seem to be developing appropriately in major areas of functioning- language skills, motor skills, self-care skills, play, pre-academic skills? • Have there been any stressors in the child’s life recently? (death of family member, parent who is now absent from child’s life, witness someone getting injured, changes in child’s caregivers, etc.) • What is the nature of the difficulties-tantrums, frequent moving about, child is very active, child does not follow directions? | | <p>2. Not using Epic external referral order:</p> <ul style="list-style-type: none"> • In order to help triage our patients maximize the visit time, please fax the above information to (414-607-5288) • It would also be helpful to include: <ul style="list-style-type: none"> • Chief complaint, onset, frequency • Recent progress notes • Labs and imaging results • Other Diagnoses • Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient’s problems. | <p>fine motor, language, social, and behavioral functioning)</p> <ul style="list-style-type: none"> ○ Speech and Language Pathologist (evaluation may include: assessment of receptive, expressive, and pragmatic language skills and speech) ○ Child Psychologist (evaluation may include: assessment of intellectual functioning, attention, emotional and behavioral functioning, and basic academic skills) |
| | | <p>When to initiate referral/ consider refer to OTHER providers:</p> <ul style="list-style-type: none"> • If a child’s behavioral difficulties are occurring only at home and all reports from school deny difficulties, begin by referring the family for psychotherapy (76th Street Community Services 414-266-3339, Greensquare Developmental Specialists 414-228-4800, Penfield 414- | | |

344-7676, etc.). For therapy services outside of Milwaukee additional providers may be located at- <https://www.chw.org/childrens-and-the-community/family-support-services/counseling/child-and-family-counseling>.

- If it is learned the child has recently experienced a significant stressor and/or change in life and the start of behavioral difficulties coincided with the child's experience of the stressor, begin by referring the family/child for psychotherapy.
- If you suspect ADHD a referral to the child development center along with a referral for the family to begin working with a psychotherapist is appropriate (Behavioral therapy is one of the first line treatments for a young child with ADHD as it provides parents with guidance on effective parenting strategies to use with a young ADHD child).
- If it is clear, from observation of parent and child interactions, that the child's parent experiences difficulty providing effective directives and has expectations for behavior that are out of line with developmental expectations refer the family to therapy services, such as 76th Street Community Services, Greensquare, or Penfield.
- If a developmental delay is suspected as a cause of the child's difficulties, in addition to referring the family to the Child Development Center, also ensure they contact Birth to 3 or Early Intervention for an evaluation and probable provision of services to the child.
- If the behavioral difficulty that needs to be addressed revolves solely around toileting issues refer the family to the Constipation Clinic in Gastroenterology or the Voiding Improvement Program in Urology.