



## Expert Consultation on Complex Cases

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## Introductions



- Meghan Lukasik, PhD
  - Licensed Clinical Psychologist
  - Extensive work with children with neurodevelopmental disorders and early childhood mental health
  - At Rady Children's for 22+years. Current Manager at Developmental Evaluation Clinic
- Charmi Patel Rao, MD
  - Board Certified Child and Adolescent Psychiatrist
  - Extensive work with Early Childhood Mental Health (ECMH) and children with developmental disabilities
  - Currently Supervising Psychiatrist for County of San Diego BHS CYF Juvenile Forensics

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## Declaration of Financial Relationships

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We have nothing to  
declare!

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Has Your Office Ever Looked Like This At The End Of The Work-Day?

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Have  
You  
Ever  
Felt Like  
This?



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What Makes A Case Complex?



- Tough Differential Diagnosis
- Medical complications
- Family issues
- Clinician factors

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Meet Nathan



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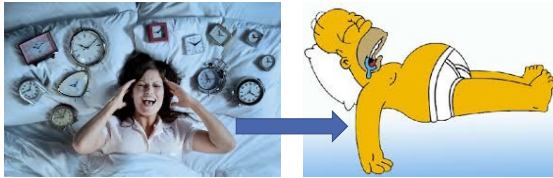
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Getting From Stuck to UNSTUCK



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Getting  
Unstuck  
Often  
Involves  
...Slowing  
Down



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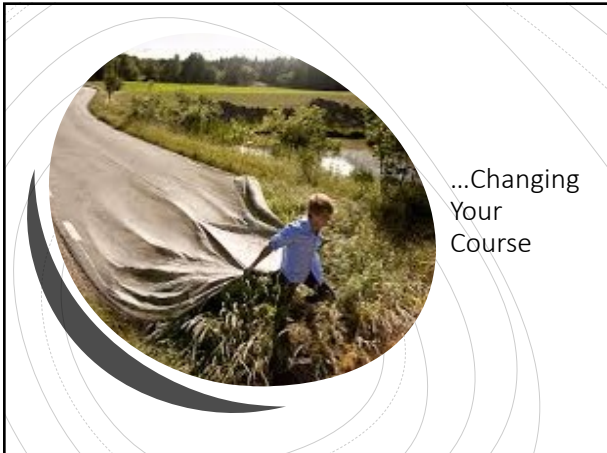
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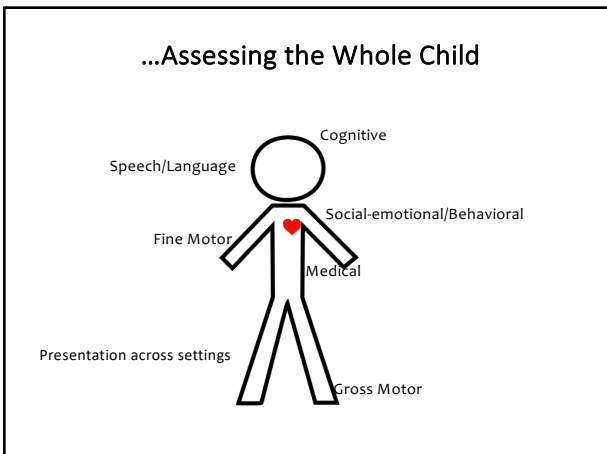
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### ...Broadening Your Lens



- History
- Caregiver report
- Medical considerations
- Developmental/cognitive functioning
- Environmental factors
- Social skills
- Communication
- Play
- Behavior
- Collateral

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### How Do We Do It?

- Slowing down
- Peeling the onion
- Changing course
- Assessing the whole child
- Broadening your lens



What does this look like practically??

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What Does  
"Good"  
Look Like?

- Think about the end goal from the beginning the process
- Realistic expectations
- Caregiver capacity
- Meeting the family where they are

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### Alliance and Engagement

- Ask about caregiver and child stories
- Provide forum to talk about adverse early experiences
- Understand patterns of attachment that span generations
- Assess developmental competency

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### Screening Questions

- Anxiety: Things that they worry about or are afraid of? Trouble separating from you?
- Mood: Mood changes out of the blue? Mood symptoms underlying behavioral symptoms? Excessive sadness or anger?
- Sleep Disturbance: Trouble falling asleep or staying asleep? Nightmares?



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### More Screening Questions

- Trauma: Exposure to abuse or neglect or losses? Avoidance?
- ADHD: Constant hyperactivity, impulsivity, inattention?
- Autism: Restricted and uncommon interests? Social challenges? Repetitive movements? Rigid patterns of thinking?

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### What other information to obtain?

What is happening specifically in the behavioral concern?	What is happening right before the symptom?	What are associated symptoms?
How often to the symptoms occur?	What makes the symptom better or worse?	How does the behavioral concern resolve?

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### Why is this important?

- If we know the symptoms, why can't we just start treating?
- Underlying etiology matters
- Same symptoms can be seen in different diagnoses
- Without determining underlying etiology, can delay effective treatment and may see limited progress in treatment

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### Working Together as a Team



- Minimize duplication
- Decrease confusion
- Coordinate planning & interventions
- Share responsibility & accountability
- Pool resources & expertise
- More authentic assessment

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Back to Nathan...



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### Break Out Groups

- What makes this case complex?
- What is your first course of action to help you understand the case?
- What are some other considerations about the case to keep in mind?

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### Sophia, age 3

- Untriggered outbursts, sometimes with aggression and self injury, hard to identify triggers in most cases and difficult to soothe during an outburst
- Unrealistic fears of being alone leading to difficulty falling asleep
- Preschool is overwhelmed by her behavior
- No other developmental delays or medical concerns



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## Diego, age 4

- Presents with rigid and sometimes aggressive play, difficulty sharing with peers and poor eye contact
- Witnessed domestic violence between birth parents
- In foster care since age 3
- 3rd placement in past year



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## Sam, age 5

- Child presenting differently in different settings
- Attentive, listens and shows good impulse control in kindergarten classroom
- Poor listening, talking back and poor impulse control
- Mother presents as highly anxious



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## Break Out Groups

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## What We Have Learned

- You need to consider....
  - Child's history
  - Source of information
  - Other issues (e.g. maternal depression, attachment difficulties)
  - Your own biases
- Your efforts to help the child and prioritize needs with the family while withholding judgment about the diagnosis
- You cannot do this work alone!

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## Ask Yourself.....What is Your Lens?



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Questions?



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