

Developmental Psychiatry Consultation and Complex Patient Management Clinic

This clinic serves children and youth with complex, severe developmental disorders with co-occurring psychiatric symptoms where there is a need for diagnostic clarity, management, planning and treatment recommendations.

The clinical history of children referred to this clinic often reflects referrals to many healthcare specialists where diagnostic evaluation and management has met with limited or no success.

This is a specialized clinic and does NOT accept referrals for children who do not have a developmental disorder.

Referrals are accepted from:

Community Pediatricians (Calgary or South Zone)

ACH Clinics & Child Development Services

Developmental Pediatricians

Accredited Psychologists

Inclusion/Exclusion Criteria are provided for:

1. Patients without an Autism Diagnosis
2. Patients with an Autism Diagnosis
3. Urgent Referrals

Important: The *Developmental Psychiatry Consultation and Complex Patient Management Clinic Referral Form* must be completed for all referrals.

Criteria for Patients WITHOUT an Autism Diagnosis

Inclusion criteria:

1. The primary care physician:
 - Has a questions regarding a complex differential diagnosis and/or
 - Is struggling with diagnosis and/or ongoing management and requires treatment and management recommendations.
2. The child must have a Developmental Disorder and a complex situation with psychiatric and/or behavioural symptoms that are difficult to understand and manage. For example:
 - The Developmental Disorder can be a complex medical, genetic, teratogenic or neurological situation
 - The co-occurring psychiatric symptoms can include, but are not limited to, mood and behavioural dysregulation, attentional problems, anxiety, mania, obsessions, compulsions, depression, perceptual changes, psychotic phenomena, unusual mannerisms or stereotypic movements, the onset of motor or vocal tics, trichotillomania, repetitive self-injury.

Exclusion criteria:

1. Patients with psychiatric or behavioural disorders without a Developmental Disorder
2. Children with mild developmental problems or mild to moderate psychiatric symptoms or disorder. For example, uncomplicated learning disabilities with attentional problems.
3. Situations where first line interventions have not been tried e.g. commonly used medications, contact and advocacy with appropriate social and/or behavioural resources and agencies on behalf of the family and child.
4. Attention Deficit Hyperactivity Disorder

Criteria for Patients WITH an Autism Diagnosis

Inclusion criteria:

The child **must have all** of the following:

1. Severe Autism
2. An Intellectual Disability
3. Moderate to severe delays in Adaptive Functioning
4. Co-occurring psychiatric symptoms that can include, but are not limited to, mood and behavioural dysregulation, attentional problems, anxiety, mania, obsessions, compulsions, depression, perceptual changes, psychotic phenomena, unusual mannerisms or stereotypic movements, the onset of motor or vocal tics, trichotillomania, repetitive self-injury.

Exclusion criteria:

1. Borderline and above Intellectual Functioning
2. Patients who were previously referred to as having “High Functioning Autism” or “Asperger’s Syndrome”
3. Mild delays in adaptive functioning
4. Mild to moderate psychiatric symptoms or behavioural problems
5. Requests to reassess an Autism diagnosis

Referrals from Child and Adolescent Psychiatrists for a child/youth with Autism:

1. Consultations and second opinions will be provided for Child and Adolescent Psychiatrists whose patients have Autism and meet the inclusion criteria
2. It is **expected** that the referring Psychiatrist will provide the necessary follow up and management regarding the recommendations made in the consultation.

Criteria for URGENT Referrals

All URGENT referrals must meet clinic inclusion criteria, as previously outlined, AND the following:

1. There has been an acute and severe deterioration or a qualitative change in mental state.
2. The family is in severe crisis and unable to cope/manage and current medical/community services are unable to provide management, planning and/or treatment.

All referral sources submitting an “URGENT” referral will receive a call by the ACH Child Development Services, Central Access & Referral Management (CARM) clinician within 24 hours of receipt (during weekdays). CARM will clarify the reason for the referral and why it’s considered URGENT.

This discussion may result in recommendations to alternative, more appropriate services which might include: Neurology, Developmental Pediatrics, Urgent Care Centers or Emergency Department care. This will be reviewed by the Developmental Psychiatrist. If the Developmental Psychiatrist is unavailable, triage with the on-call Developmental Pediatrician will be considered.

PLEASE NOTE:

1. Children presenting with the acute onset of psychotic symptoms, changes in the level of conscious awareness or acute suicidal ideation should be taken to the nearest Urgent Care Center or Emergency Department.
2. Any child with a history of acute regression or loss of skills (for example: cognitive, motor, language and loss of bladder or bowel function) should be reviewed with the Developmental Pediatrician on call.