

Developmental Psychiatry Consultation and Complex Management Clinic

This clinic serves children and youth with complex, severe developmental disorders with co-occurring psychiatric symptoms and/or disorders with a need for diagnostic clarity, management, and planning and treatment recommendation. The clinical history of children in this clinic often reflects referrals to many healthcare specialists where diagnostic evaluation and management has been met with limited or no success. *This is a specialized clinic and does NOT accept referrals where the child does not have a developmental disorder.* There are two service delivery options being offered - a clinic visit or a 15-30 minute telephone consultation with a Developmental Psychiatrist.

<p>OPTION A Telephone Consultation</p> <p>Developmental Psychiatrist (15-30 minutes)</p>	<p>Referrals for Telephone Consultations are accepted from:</p> <p>Community Pediatricians (Calgary or South Zones Only)</p>	<p>Telephone Consultation Criteria:</p> <p>See inclusion/exclusion criteria for telephone consultations</p> <p>Please complete <i>Developmental Psychiatry Consultation and Complex Management Clinic Telephone Consultation Referral Form</i>.</p>
<p>OPTION B Clinic Visit</p>	<p>Referrals for Clinic Visits are accepted from:</p> <p>Community Pediatricians (Calgary or South Zone)</p> <p>ACH Clinics & Child Development Services</p> <p>Developmental Pediatricians</p> <p>Accredited Psychologists</p>	<p>Clinic Visit Criteria:</p> <p><u>Developmental Psychiatry Patients without Autism</u> See inclusion/exclusion criteria for patients without an Autism diagnosis</p> <p><u>Developmental Psychiatry Patients with Autism</u> See inclusion/exclusion criteria for patients with an Autism diagnosis</p> <p><u>Urgent Referrals</u> See urgent referral section</p> <p>Please complete <i>Developmental Psychiatry Consultation and Complex Management Clinic Visit Referral Form</i>.</p>

OPTION A:	TELEPHONE CONSULTATION
<p>Referrals accepted from:</p> <p>Community Physicians or Pediatricians from Calgary & South Zone</p>	<p><u>Inclusion criteria:</u></p> <ol style="list-style-type: none"> 1. The primary treating physician: <ul style="list-style-type: none"> • has a question regarding a complex differential diagnosis OR • is struggling with diagnosis and/or ongoing management and is willing to continue managing the patient/family 2. In addition, the child must have a developmental disorder (not necessarily with severe intellectual disability or adaptive skills delay) and a complex situation with psychiatric and/or behavioural symptoms that are difficult to understand <p><u>Exclusion criteria:</u></p> <ol style="list-style-type: none"> 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 or emotional struggles or mild CP with irritability. 3. Situations where first line interventions have not been tried e.g. commonly used medications, contacts and advocacy with appropriate social and/or behavioural resources and agencies on behalf of the family and child. 4. Attention Deficit Hyperactivity Disorder

OPTION B:	CLINIC VISIT
Clinic Visit - Patients WITHOUT An Autism Diagnosis	
<p>Referrals accepted from:</p> <p>Community Pediatricians</p> <p>ACH Clinics</p> <p>ACH Child Development Services</p> <p>Developmental Pediatricians</p> <p>Accredited Psychologists</p>	<p><u>Inclusion criteria:</u></p> <p>Children must have a complex and severe developmental disorder <u>with</u> co-occurring psychiatric symptoms as described below:</p> <ul style="list-style-type: none"> • The developmental disorder can be: a complex medical, genetic, teratogenic, or neurological one • The co-occurring psychiatric symptoms might include but are not limited to: mood and behavioural dysregulation, attentional problems, anxiety, mania, obsessions, compulsions, depressions, disorganization attachment, perceptual changes, psychotic phenomena, unusual mannerisms or stereotypic movements, the onset of motor or vocal tics, trichotillomania, repetitive self injury (including “picking”), sensory dysregulation. <p>In addition to the above criteria, the child may/may not have any of the following:</p> <ol style="list-style-type: none"> 1. Significant Cognitive Delay (intellectual disability) OR 2. Complex situations <i>without</i> intellectual disability. See the following examples where the patient’s IQ may be “borderline, adequate or average” - Klinefelter Syndrome and unusual obsessions, 22q11 Deletion Syndrome with perceptual changes, Trisomy 21 with a mood disturbance, Cerebral Palsy with seizures, low adaptive functioning and a mood disorder, Smith Magenis Syndrome with day-night reversal and problematic repetitive object insertion, Turner’s Syndrome with complex learning and visual-spatial problems and anxiety disorder, FASD with mood dysregulation, executive dysfunction and attachment disorder but with relative sparing of the IQ. OR 3. Questions regarding complex differential diagnosis in a child with a developmental disorder.

	<p><u>Exclusion criteria:</u></p> <ol style="list-style-type: none"> 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 or emotional struggles or mild CP with irritability. 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
<p>Clinic Visit - Patients WITH An Autism Diagnosis</p>	
<p>Referrals accepted from:</p> <p>Community Pediatricians</p> <p>ACH Clinics</p> <p>ACH Child Development Services</p> <p>Developmental Pediatricians</p> <p>Accredited Psychologist</p>	<p><u>Inclusion criteria:</u></p> <p>The child must have <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Severe autism • Moderate to severe delays in adaptive functioning • At least mild intellectual disability • Co-occurring severe psychiatric symptoms, disorders and/or behavioural problems. The psychiatric symptoms might include but are not limited to: mood and behavioural dysregulation, attentional problems, anxiety, mania, obsessions, compulsions, depressions, disorganization attachment, perceptual changes, psychotic phenomena, unusual mannerisms or stereotypic movements, the onset of motor or vocal tics, trichotillomania, repetitive self injury (including “picking”), sensory dysregulation. <p><u>Exclusion criteria:</u></p> <ol style="list-style-type: none"> 1. Children with autism who: <ul style="list-style-type: none"> • are high functioning - sometimes referred to as having a diagnosis of High Functioning Autism (as per former DSM-IV diagnostic criteria) or Asperser’s Syndrome OR • have low average to superior intellectual ability OR • have mild delays in adaptive functioning OR 2. Requests to reassess an autism diagnosis

	<p>3. Mild to moderate psychiatric symptoms, disorder and/or behavioural problems in a high functioning individual. The co-occurring psychiatric symptoms might include but are not limited to: mood and behavioural dysregulation, attentional problems, anxiety, mania, obsessions, compulsions, depressions, disorganization attachment, perceptual changes, psychotic phenomena, unusual mannerisms or stereotypic movements, the onset of motor or vocal tics, trichotillomania, repetitive self injury (including “picking”), sensory dysregulation.</p>
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Clinic Visit - URGENT Referrals (With or Without an Autism Diagnosis)

<p>Referrals accepted from:</p> <p>Community Pediatricians</p> <p>ACH Clinics</p> <p>ACH Child Development Services</p> <p>Developmental Pediatricians</p> <p>Accredited Psychologist</p>	<p>All URGENT referrals must meet clinic inclusion criteria, as previously outlined, AND the following:</p> <p><u>URGENT criteria:</u></p> <ol style="list-style-type: none"> 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. <p>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.</p> <p><u>PLEASE NOTE:</u></p> <ol style="list-style-type: none"> 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.
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