

A Multidisciplinary and Multimodal Treatment Approach to Inpatient Child and Adolescent Psychiatry

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Abstract

Background: Inpatient psychiatric hospitalization can be an overwhelming time for child and adolescent patients as well as their caregivers/families. Our inpatient child and adolescent psychiatry unit works to mitigate these stressors and provide comprehensive treatment.

Objective: Utilizing a multidisciplinary treatment team of professionals, a collaborative treatment approach is utilized to engage not only patients, but their caregivers and families in treatment to address the presenting complaints and plan for future interventions after hospital discharge. We aim to explore the contributions each discipline brings to this treatment approach.

Methods: Members of the treatment team were interviewed about the modalities their discipline utilizes in the inpatient psychiatric setting, including therapeutic modalities, education, theories behind techniques, and clinical application of such techniques. Literature from the specialties was reviewed to understand treatment approaches to the psychiatric inpatient.

Results: Although overlap exists for several areas of intervention, each discipline provides a unique approach to a broad spectrum of treatment modalities to target improvement of presenting symptoms and concurrent complicating factors. Expanding treatment beyond the patient by engaging parents/caregivers leads to improved involvement from all parties, better communication, enhanced management of patient symptoms, and an overall better understanding of patient diagnoses.

Conclusions: The multidisciplinary and multimodal approach to treatment of the child and adolescent psychiatric inpatient includes the family system, reducing stress surrounding the reasons for hospitalization and allowing for enhanced treatment for both the patient as well as their primary caregiver(s), while providing future treatment directives.

Medical Team Interventions*

Psychiatry:

- Oversee multidisciplinary treatment team
- Incorporate team expertise into treatment plan
- Formulate working diagnosis
- Determine appropriate interventions including role for medications, prescribing as appropriate

Pediatric and Adolescent Medicine:

- Assess and treat underlying medical comorbidities
- Provide education on treatment of medical needs and the relationship to psychiatric symptomatology

- Coordinate outpatient services for continuity of care after discharge
- Coordination with outside providers:
 - Therapists, schools, case management services, child protection
- Care conferences to ensure safe disposition after discharge
- Supportive therapy with patient and families during hospitalization
- Active participation in treatment team rounds
 - Identify specific interventions or providers that may be appropriate
- Co-facilitation of parent group

- Patient and/or family interventions
 - Self-expression, grief/loss, medication management, pill swallowing, coping skills, enhancing developmentally appropriate play
- Developmentally appropriate diagnosis education
- Sibling education and involvement
- Family/caregiver support

- Model of Human Occupation Screening Tool
 - Understand personal motivations, daily occupational performance, values, interests, goals, and aspirations
 - Evaluate patient environment including parental and school support, feasibility of accomplishing tasks/goals
- Identify patterns of behaviors, communication, and interaction styles
 - Targets improving these dimensions to enhance occupational functioning
- Work with families to improve time management and prioritize occupational performance
 - Modifications to home expectations and/or home environment [3, 4, 5, 6]



- Individual therapy
 - Coping skills
 - Problem solving
 - Communication
 - Behavioral activation
 - Safety planning
 - Exposure and response prevention
- Parent/Caregiver Management Training
 - Support, reassurance, and validation
 - Behavior management planning
 - Co-facilitation of parent group
- Neuropsychological testing
 - Guide diagnosis
 - Identify patient needs

- Participation in treatment team rounds
- Individual and group programming
 - Crisis action and safety planning
 - Patient and Family Education
 - Wellness
 - Nutrition
 - Management of medical comorbidities
- Parent/caregiver education
 - Healthy communication
 - Psychoeducation
 - Diagnoses
 - Medications
 - Developmental milestones
 - Behavior management
- Reintegration to home/school after hospitalization
- Continuous quality improvement initiatives

- Group therapy → lyric analysis, song writing, music making, physical activity, creative outlet
 - Improving communication and expression
 - Social functioning/peer relations
 - Coping and relaxation
 - Time management and leisure
 - Healthy boundaries [1][2]

Discussion

- Our treatment plans incorporate a variety of techniques and interventions from multiple disciplines across multiple modalities, targeting both the child or adolescent patient as well as their family unit.
- Recognizing the strengths and offerings of each treatment provider allows us to not only identify but also target particular difficulties contributing to the patient's presenting condition(s).
- Developing a system of care can be accomplished within a system as well as between systems.
- Discharge planning that incorporates recommendations from a diverse panel of providers from different disciplines may lead to improved post-hospitalization outcomes. Future directions could explore the outcomes of multimodal/multidisciplinary approach presented here versus standard of care.
- Future directions also include obtaining objective measure of patient and caregiver stress at time of admission and evaluating techniques that reduce stress by the time of hospital discharge.

References

1. American Music Therapy Association, Inc. (2019, August 29). Music Therapy with Specific Populations: Fact Sheets, Resources & Bibliographies. Retrieved from The American Music Therapy Association: <https://www.musictherapy.org/research/factsheets/>
2. American Therapeutic Recreation Association. (2019). American Therapeutic Recreation Association. Retrieved August 29, 2019, from About Recreational Therapy: <https://www.atra-online.com/page/aboutrectherapy>
3. Champagne, T., & Gray, K. (2016). Occupational Therapy's Role in Mental Health Recovery. Living Life to Its Fullest, pp. 1-2.
4. Mahaffey, L. M., & The American Occupational Therapy Association, I. (2016). Mental Health in Children and Youth: The Benefit and Role of Occupational Therapy. Living Life to Its Fullest, pp. 1-2.
5. Parkinson, S., Forsyth, K., & Kielhofner, G. (2004). A User's Manual for MODEL OF HUMAN OCCUPATION SCREENING TOOL (MOHOST). Chicago, Illinois: MOHO Clearinghouse.
6. The American Occupational Therapy Association, Inc. (2011). Building Play Skills for Healthy Children & Families. Living Life to Its Fullest, pp. 1-2.