

For more information, please contact:  
Suzanne Thompson, PhD  
St Louis Children's Hospital  
[suzannmt@bjc.org](mailto:suzannmt@bjc.org)

**DEPARTMENT OF PSYCHOLOGY**  
**St. Louis Children's Hospital**  
**Washington University Medical Center**

**Ped Psych Consultation clinic (PPCC) model**

Background: SLCH Psychology developed this consultation clinic in response to need from subspecialist pediatricians. Psychology receives a fair number of "urgent" outpatient referrals, e.g., for patients with brief inpatient admissions (e.g., by the time the team calls the Psychology consult, the family is discharged) and for outpatients whom the medical team views as needing care soon. Our attempts to "work these patients in" to our standard schedule presented an ongoing challenge, and so we developed the PPCC model.

**CCc would serve:**

Referrals from SLCH medical teams (not psychiatry) where:

- 1) The inpatient team is discharging a patient too quickly for Psychology consult, and the patient needs assessment soon
- 2) The outpatient medical team wants the Pt to have an evaluation by Psychology, and perceive the need for quick access
- 3) The outpatient medical team wants the Pt to have an evaluation by Psychology, and the Pt. lives too far away to follow-up here; the goal is to see the Pt quickly for consultation and care planning and identify local resources.

**CC does NOT serve:**

- 1) autism
- 2) patients in crisis (i.e., SI/HI)
- 3) eating d/o
- 4) substance abuse
- 5) physical or sexual abuse
- 6) general child referrals from community MDs
- 7) parent initiated referrals

**Clinic structure:**

- Each patient to arrive ½ hr early to start questionnaires, then will be interviewed, psychologist will take a break to review data and write report. They will be blocked for a 2 hr session. ½ hr ppwk/review, 1 hr interview, ½ hr for report and feedback.
- Pts. to arrive 1/2 hr before start time to fill out appropriate questionnaires
  - Self-report measures TBD and targeted based on referral question

- *Psychology UG student to score and pull together resources (i.e., books, handouts)*
- Bill for extended DI w/1.5 hrs interview and feedback
- CHF and information re: clinic to family ahead of time.
- 454teen would be contacted prior to appt to begin working on referrals and then available by phone during appt to modify referrals based on interview
- Templated brief report given to family and sent to MD at exit. (see attached template)
- One slot each week w/PhD's rotating.

**Intake:**

Intake would occur as usual but would be triaged by PhDs to this clinic. Or MDs could specifically request referral to CC which then would be reviewed by PhDs. Scheduling would be based on next available PhD.

Script for intake:

---let family know it is their choice a) to be seen in our consultation clinic where there would be an evaluation, conceptualization, and recommendations/referral for treatment, or b) could be directly referred out, we will give them referral info.

[double check that our support staff can explain the rationale to these families why they cannot be seen here for treatment, even tho their doctor referred them]

---Tell Family that the benefits of being seen in our CC would be our consultation w/the referring doc, receiving an initial understanding of their child, and leaving w/targeted referrals and initial recommendations based on their insurance, location, and dx.

---another benefit is that we will get them in quickly! The total evaluation would take about 2 hours.

---explain the downside, that if they need treatment, we will refer them out, give them specific referrals, and they may have to repeat a similar evaluation when they meet w/their therapist. The parent will have a copy of our note they can hand to the therapist in order to not have to repeat info.

This information will also be sent to the parent in the reminder letter.

For more information, please contact:

Suzanne Thompson, PhD  
St Louis Children's Hospital  
[suzannmt@bjc.org](mailto:suzannmt@bjc.org)

DEPARTMENT OF PSYCHOLOGY  
St. Louis Children's Hospital  
Washington University Medical Center  
One Children's Place  
Suite 3N14  
St. Louis, MO 63110-1077  
(314) 454-6069

CONFIDENTIAL: NOT FOR SECONDARY RELEASE

**NAME:** Patient's last name, Patient's first name

**DOB:** 1/1/1990

**DOE:** 1/1/2011

**Referral Source:** enter referral source

**Reason for Referral:** Patient's first name Patient's last name is a age in years year old female who was referred to the Pediatric Psychology Consultation Clinic due to concerns with insert referral concerns. Medical records were reviewed, I consulted with enter referral source, the parent-completed child history for was reviewed, I interviewed the parent and child, and reviewed results from measures completed by the parent and child.

**Impressions and Recommendations:** Currently, Patient's first name's presentation is consistent with insert diagnostic impression. Contributing factors include insert contributing factors. Risk factors include insert risks. The child/family have notable strengths including insert strengths. Primary recommendations include insert primary recs. Please see specific recommendations section below for more details.

**Relevant History:** History is notable for insert history information. All other history is unremarkable and noted in the child history form completed by the parents.

**Measures Administered/Results:**

*insert measure here*

*Clinically Significant Results: insert elevated scales here*

*insert measure here*

*Clinically Significant Results: insert elevated scales here*

*insert measure here*

*Clinically Significant Results: insert elevated scales here*

**DSM-IV Diagnoses:**

**Axis I:** insert dx

**Axis II:** insert dx

**Axis III:** insert dx

**Axis IV:** insert dx

**Axis V:** Current GAF = insert GAF

**Recommendations:**

Follow-up is recommended for:  Individual Psychotherapy  Parent Consultation

Family Therapy

Group Therapy

Psychological Testing

Medication Evaluation

Psychiatric

Evaluation

Neurological Evaluation

The above recommended services can be obtained by contacting the following referrals:

1. insert referral information.
2. insert referral information.
3. Please contact 314-454-TEEN (8336) for further assistance with referrals.

Other recommendations:

1. insert other recs
2. insert other recs
3. insert other recs

It was a pleasure to consult with Patient's first name and his/her family. They were made aware of my impressions and provided the above recommendations at the end of our consultation today. Please feel free to contact me with any questions or concerns (314.454.6069) about this evaluation. A copy of this consultation summary was provided to the parent(s).

Mary Michaelen Cradock, PhD Clinical Psychologist  
Missouri Licensed Psychologist

cc: enter referral source