

# Mental Health Screening in Primary Care Pediatrics

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# Learning Objectives

- Discuss the American Academy of Pediatrics Mental Health Toolkit
- Learn how to engage families to talk about mental health



# Children's National Health System



# Children's Hospital of the District of Columbia

## Community Care: Then & Now

- Founded 1870: Civil War “foundlings”
- 2015: U.S. News and World Report “top 10” children’s hospital
- 1950: First “well baby” clinic
- Today- largest **primary care** provider for children in the District of Columbia



# Children's National Primary Care

- **Goldberg Center for Community Pediatric Health**
  - Dedicated Center of Excellence
  - Operates 7 primary care health centers and Mobile Health Program
- **Largest primary care provider for children in District of Columbia**
  - Almost 40,000 attributed patients
  - 100,000+ annual visits and growing



# Adverse Childhood Events (ACE)

- Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.
- 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction.
- 50 scientific articles have been published and more than 100 conference and workshop presentations have been made.

# Adverse Childhood Events (ACE)

- Certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.
- Some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery





# Adverse Childhood Events





# Adverse Childhood Events

- Abuse
  - **Emotional abuse:** A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.
  - **Physical abuse:** A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.
  - **Sexual abuse:** An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.

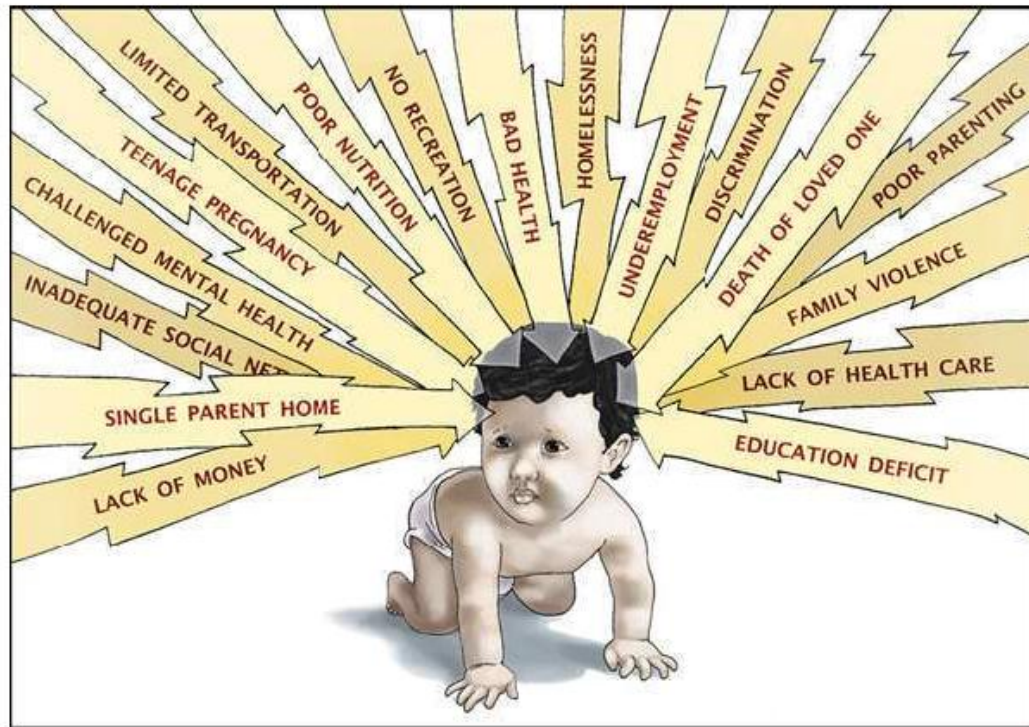
# Adverse Childhood Events

- Household Challenges
  - **Mother treated violently:** Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.
  - **Household substance abuse:** A household member was a problem drinker or alcoholic or a household member used street drugs.
  - **Mental illness in household:** A household member was depressed or mentally ill or a household member attempted suicide.
  - **Parental separation or divorce:** Your parents were ever separated or divorced.
  - **Criminal household member:** A household member went to prison.

# Adverse Childhood Events

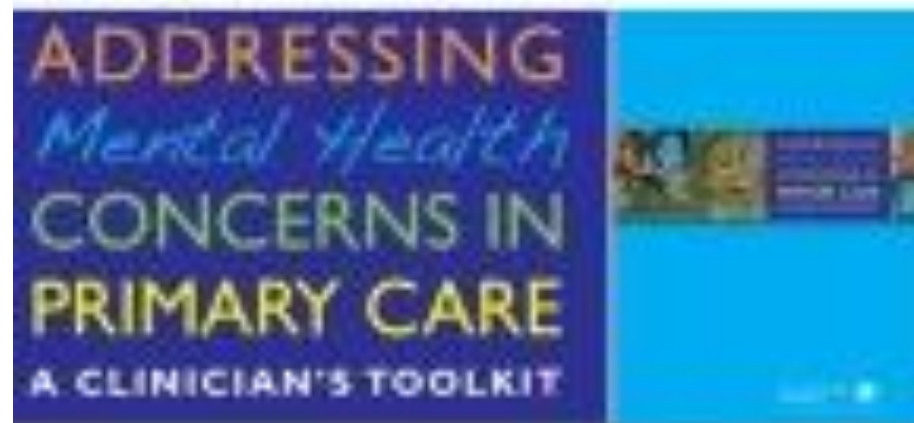
- Neglect<sup>1</sup>
  - **Emotional neglect:** Someone in your family helped you feel important or special, you felt loved, people in your family looked out for each other and felt close to each other, and your family was a source of strength and support.<sup>2</sup>
  - **Physical neglect:** There was someone to take care of you, protect you, and take you to the doctor if you needed it<sup>2</sup>, you didn't have enough to eat, your parents were too drunk or too high to take care of you, and you had to wear dirty clothes.

## Chronic adverse childhood experiences are “toxic” & yield poor health and life outcomes



# AAP Mental Health Toolkit -2011

- A compelling body of evidence demonstrates the enduring effects of early social and emotional experiences on the brain architecture and development of infants and young children. The evidence demonstrates the effects of these experiences, in turn, on behavior, biological stress reactivity, psychological resilience, and immunologic resistance throughout life. 1–3



# AAP Mental Health Toolkit

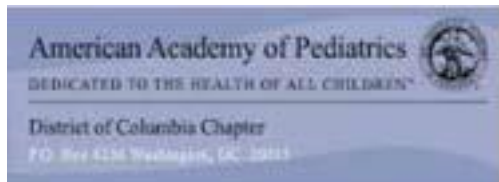
- Pediatric primary care clinicians have unique access to the families of young children before and after the birth of a child and, thus, are uniquely situated to foster effective nurturing by their caregivers and positive early experiences for the child.



# DC Mental Health Learning Collaborative



Children's National™



Launched in 2014

Involving 20 practices in the Metro DC area

Over a period of 1 year

7 Learning Sessions

4 Team Sessions



# Challenges and Obstacles

- **Time:** How to fit it in among the other demands of the 15-min visit?
- **Money:** What about reimbursement for time spent?
- **Knowledge and comfort:** Limited training in mental health in pediatrics and family practice residency programs

# Now for a few more challenges and obstacles

- Families and youth may struggle to put concerns into words
- Cultural/ethnic variation in comfort and ease in reporting issues
- Stigma, shame
- Treatment depends on active parent and youth involvement
  - Require trust and partnership between provider and family to  
Decide upon intervention
  - Chart progress

# Now for the good news...

- Most pediatric providers are already doing lots of MH work
- Most pediatric providers excel at partnering with families
  - Identification of MH issues as a concern is a hugely important step Reduces stigma
  - Empowers families to seek help
  - Creates hope for change

Why is this training important for your patients?

- **Behavioral and emotional difficulties are COMMON**  
Approximately 20% of children have a mental health problem at any given time
- Approximately 10% have significant impairment
  - Over one third of children followed for three to seven years cumulatively qualified for a psychiatric diagnosis
  - *Even higher percentages in low SES populations*

# Why use screening tools?

- **Problems are easy to miss** Pediatricians identified only 20% of children with MH problems using only their clinical impressions
- Only 30-40% of parents volunteer concerns without prompting
- **Screening may:** Help family recognize that this is an area for discussion
  - Point toward an area of diagnosis
  - Give an indication of severity
- **Screening tools identify broad categories of concern (anxiety, mood, attention), but are not diagnostic**



# Department of Behavioral Health-approved tools

- EPDS, ASQ:SE, SDQ\*, PHQ-9, (\*Recommend that providers supplement with brief suicide and substance use screening for adolescents)
- What are the valid age ranges for each?
- What information can the tool provide?
- What is the time commitment (to complete and to score) for each?
- In what other languages are these tools available?
- How does practice access recommended screening tools?



# Ages and Stages Questionnaire– Social Emotional (ASQ-SE)

- What is it? *Parent-completed to screen young children for social or emotional difficulties.*
- Which domains does it cover? *Self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people.*
- What are the valid age ranges? *3-66 months with eight age-appropriate versions for use at 6, 12, 18, 24, 30, 36, 48, and 60 mos*
- What is the time commitment to complete and to score? *30 questions-- each questionnaire takes 10–15 min for parents to complete and 2–3 min to score*
- Available in English and Spanish; must be purchased: *agesandstages.com*



# ASQ - SE

Please read each question carefully and

1. Check the box  that best describes your child's behavior *and*
2. Check the circle  if this behavior is a concern

MOST  
OF THE  
TIME

SOMETIMES

RARELY  
OR  
NEVER

CHECK IF  
THIS IS A  
CONCERN

1. When upset, can your baby calm down within a half hour?

z

v

x

2. Does your baby smile at you and other family members?

z

v

x



3. Does your baby like to be picked up and held?

z

v

x

4. Does your baby stiffen and arch her back when picked up?

x

v

z

# Strengths and Difficulties Questionnaire (SDQ)

- What is it? *Brief behavioral health screening questionnaire for youth*
- Which domains does it cover? *Emotional problems, conduct problems, attention/hyperactivity problems, peer problems, and prosocial attributes*
- What are the valid age ranges for each? *2-16 years old (though adult version available for youths 17-21 years old)*
- *Parent and teachers complete for ages 2-16, youth version for ages 11-21*
- What is the time commitment to complete and to score? *25 questions—approximately 10 min for teachers/parents/youth to complete; approximately 2 min to score by hand*
- Available in 77 languages; free @ [sdqinfo.org](mailto:sdqinfo.org) (< 16 years) and [sdqinfo.org/adult](http://sdqinfo.org/adult) (> 17 years); free scoring @ [sdqscore.org](mailto:sdqscore.org)



## Strengths and Difficulties Questionnaire

P or T 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name .....

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# SDQ: Scoring

We are working on ways to facilitate scoring and we will be in touch with ideas soon!

## Parent Completed

	<b>Normal</b>	<b>Borderline</b>	<b>Abnormal</b>
Total Difficulties Score	0 - 13	14 - 16	17 - 40
Emotional Symptoms Score	0 - 3	4	5 - 10
Conduct Problems Score	0 - 2	3	4 - 10
Hyperactivity Score	0 - 5	6	7 - 10
Peer Problems Score	0 - 2	3	4 - 10
Prosocial Behaviour Score	6 - 10	5	0 - 4

### For MCO Requirement:

Only required to calculate/interpret Total Difficulties Score  
Only 1 rater (e.g., parent or self-report)



## Scoring the SDQ

- The fast SDQ scoring site for online scoring and report generation.
- Instructions in English for scoring informant-rated SDQs by hand. Instructions in many other languages are also available, accessed through the page for that [language](#).
- Instructions in English for scoring self-rated SDQs by hand. Instructions in many other languages are also available, accessed through the page for that [language](#).
- Black-and-white transparent overlays for hand scoring the English versions of the SDQ. There is one overlay for each of the five subscales (emotional, conduct, hyperactivity, peer and prosocial). You can print the five pages onto paper and then photocopy onto transparency films. Or you can print directly onto transparency films if they are suitable for your printer. To calculate total score, add the emotion, conduct, hyperactivity and peer scores - but don't include the prosocial score. Similar overlays are also available in many other languages, accessed through the page for that [language](#).
- A record sheet in English for hand-scored questionnaires. Record sheets in many other languages are also available, accessed through the page for that [language](#).
- Scoring syntax using SPSS.
- Scoring syntax using SAS.
- Scoring syntax using Stata.
- Scoring syntax using R.
- Computerised algorithm for predicting disorders from multi-informant SDQ scores
- An "added value" score for specialist services

There is also a computerised scoring and report-writing program that runs using the Access component of Microsoft Office Professional. This is available without charge for non-profit organisations that do not make any charge to families. If this applies to you and you are interested in using the program, please contact us on [youthinmind@gmail.com](mailto:youthinmind@gmail.com) telling us whether you use Access97 or Access2000 (or higher), and whether you are able to receive compressed (zipped) files.



# Patient Health Questionnaire (PHQ-9)

- What is it? *Brief depression screening for adults*
- What domains does it cover? *Core symptoms of depression*
- What are the valid age ranges? *Ages 18 and up*
- What is the time commitment to complete and to score? *Nine questions— less than five minutes to complete, about one minute to score by hand*
- Available in 48 languages; free download @ [phqscreeners.com](http://phqscreeners.com)



## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3



# PHQ-9: Scoring

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

# CRAFFT Screen for Substance Abuse

- What about screening for adolescent substance use? **CRAFFT Screen for Substance Abuse**
  - What is it? *Brief screen for adolescent substance abuse*
  - What domains does it cover? *High risk alcohol and drug use*
  - What are the valid age ranges? *Validated in ages 14-18yo, commonly used in patients 10-21yo*
  - What is the time commitment to screen and score? *Self-administered or clinician-administered; 2 min to complete, 1 min to score*
- Freely available in 13 languages @ <http://www.ceasar-boston.org/CRAFFT/index.php>

# CRAFFT

<b>Part B</b>	No	Yes
1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever FORGET things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>



# Edinburgh Postnatal Depression Scale

- What is it? *Brief screen for postpartum depression*
- What domains does it cover? *Depression and anxiety*
- Who to screen using this scale? *Mothers in the first year postpartum*
- What is the time commitment to screen and score? *Self-administered in less than 5min; score in less than 2min*
- Available in 20 languages, freely available in English at:  
[http://www2.aap.org/sections/scan/practicingsafety/toolkit\\_resources/module2/epds.pdf](http://www2.aap.org/sections/scan/practicingsafety/toolkit_resources/module2/epds.pdf) Can provide in other languages to practices that implement.

# Current Timeline

- 2 months old – Edinburgh Post Natal Depression
- 6 months old – ASQ SE
- 9 months old – ASQ SE
- 15 months old – ASQ SE + MCHAT
- 2 years old – ASQ SE
- 3 years old – ASQ SE
- 4 – 11 years old – SDQ
- 11- 17 years old – SDQ + CRAFFT
- 18 years + PHQ 9





## Talking With Families: Positive Screen

- Use screening to jump start conversation:
  - Explore positive items to better understand responses and clarify misunderstandings
  - Ask open-ended questions to learn more about areas of concern (e.g. *"It seems like you've been having lots of sad feelings. I'd like to hear about what's going on..."*)
  - If patient has hx of MH problems, determine whether sx's have worsened, new sx's emerged
  - How is family dealing with sx's? How have they previously?
  - Ask follow-up questions about suicidality:
    - *This past week, have you had any thoughts that life is not worth living or that you'd be better off dead?*
    - *Have you thought about hurting or even killing yourself? What have you thought about?*





## Talking With Families: Positive Screen

- Acknowledge and explain score and concerns
  - *It seems you are seeing some behavioral challenges with him...*
  - Inform family that screen ≠ diagnosis

- Consider administering secondary screening tool
  - “Supplemental Screening Tools” document
  - E.g., Vanderbilt if ADHD a concern



- [DC Mental Health Screening](#)
- [Mental Health Form Library](#)
- [Mental Health Measures Library](#)
- [Patient-Family Handouts](#)
- [Practice Data](#)
- [Calendar](#)
- [Mental Health Guidelines-Algorithms-Articles](#)
- [Quick Provider Resources](#)
- [Mental Health Screening Tools and Resources](#)
- [Mental Health Resource Guide](#)
- [Mental Health Webinars](#)



# Talking with Families: Negative Screen



- Acknowledge the fact that the screening results were negative
  - E.g., *"Things seem to be going well- that's terrific"*
- If the patient has hx of MH problems:
  - Elicit more information about what has been helpful in alleviating sx's and ensure no new areas of concern
- Questions or concerns about screening or child's social-emotional/behavioral development?



# Determining a Plan

- Consider:
  - Symptom severity (e.g., frequency, intensity, duration of behavior)
  - Degree of distress or impairment
  - Possible developmental, medical, academic influences (e.g., learning difficulties impacting behavior at school)
  - Cultural/contextual influences
  - Tx history
  - Family preferences and feasibility



# Determining a Plan

- Agree upon plan:
  - Psychoeducation and brief counseling
  - ED if suicidality immediate concern
  - Safety planning (e.g., monitor, restrict access to dangerous items, emergency #s/plan)
  - Psychopharmacology
  - O/P referral
  
  - Active monitoring and follow-up



# WHY FOCUS ON FAMILY ENGAGEMENT

- Families are potentially the most powerful resource in a child's life
- Advice alone often is not enough < 50% of psychosocial concerns disclosed
- < 50% of mental health referrals kept
- < 50% of children who start mental health treatment finish





# Family Engagement

- Evidence points to importance of engagement in mental health care Predicts outcome over and above any specific treatment (including medications)
- Relationship with provider predicts engagement in treatment and outcome
- Families are key to initiating mental health care for their children



# Why is this so important?

- 1 in 5 children in US have mental disorder. Only 20%-25% of these children receive treatment
- Over 8 million children and adolescents are uninsured
- 8.7 child psychiatrists for every 100,000 children
- Left untreated can lead to school dropout, substance abuse, juvenile justice, suicide

# Case discussion:

- Cynthia is a 16 year old junior in high school.
- She is a highly motivated college bound student.
- She has recently been complaining of frequent headaches and abdominal pains. She has missed a number of days of school because of it.
- She has had a number of emotional outbursts and her mother has seen her crying a number of times.
- Her blood work up is negative , CT of the head and abdomen negative

# Cynthia's SDQ

## Strengths and Difficulties Questionnaire

ID="123", Age 16, Female

**youthinmind**

### Self-report SDQ, completed 8th March 2016

Score for overall stress	17	<b>(15 - 17 is slightly raised)</b>
Score for emotional distress	8	<b>(7 - 10 is VERY HIGH)</b>
Score for behavioural difficulties	3	(0 - 3 is close to average)
Score for hyperactivity and concentration difficulties	4	(0 - 5 is close to average)
Score for difficulties getting along with other young people	2	(0 - 2 is close to average)
Score for kind and helpful behaviour	10	(7 - 10 is close to average)

### Caution

If you think this report has missed the point, whether by exaggerating or underestimating the difficulties, you may be right. A brief questionnaire obviously isn't the same as an individual assessment by an expert. Perhaps both are needed.



# Signs and symptoms

- Depressed or irritable mood
- Poor concentration
- Anhedonia
- Isolative and withdrawn
- Decrease energy
- Change in sleep
- Prepubertal children may present more with somatic symptoms

# Depression: Epidemiology

- Prevalence of depression in prepubertal children is 1-2%, for adolescents it is 3-8%.
- Lifetime prevalence at end of adolescence is 20%
- More common in females than males in adolescence 3:1.
- (Martin & Volkmar 2007)

# Protective factors

- Connection to family and to school
- Parental behavioral and academic expectations
- Non deviant peer group
  
- (Martin & Volkmar 2007)

# What can you do?

- Monitor symptoms: watch, wait and see back in a month.
- If possible obtain collateral information (ie. School)
- Therapy referral – mild, moderate and severe
- Medications – SSRIs first line, follow closely at least monthly
- Tutor, mentor, extracurricular activities
- Family resources and support – parenting skills training, adult treatment, self-care, in home services, educational advocate
- **Provide psychoeducation, identify strengths, allow them to have a voice in their care, meet them where they are.**

# SSRIs

- FDA-approved

- **Medication**

- Escitalopram (Lexapro)

- Fluoxetine (Prozac)

- > 7yo OCD

- Sertraline (Zoloft)

## **Indication**

> 12yo depression

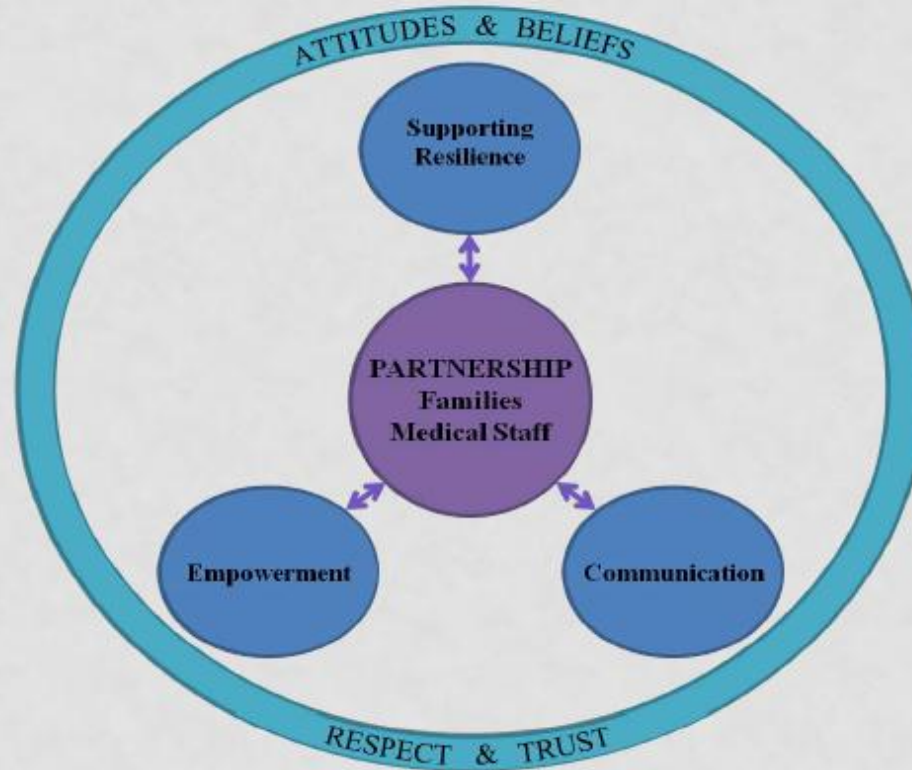
> 8 yo depression

> 6yo OCD

# When to refer?

- Moderate to severe depression (suicidal thoughts, passive/active, psychotic symptoms)
- Brief suicide assessment
- Pt tried therapy but symptoms stay the same or worsen, if you do not feel comfortable starting an SSRI refer.
- Failed first trial of SSRI, partial response to second SSRI
- Multiple co-morbid diagnoses

# ENGAGEMENT STRATEGIES



Clinical skills that promote strong, effective partnerships between providers and families

# EMPOWERMENT

Helping families to see their *strengths* and increase *knowledge and skills* to support their child

- Look for the positive

*"We have some work to do together and I believe we can get Zachary Zachary sleeping better."*

- Encourage parents to take control
  - Gathering and sharing information
  - Completing assessments
  - Planning strategies for different settings
  - Follow through
  - Assessing effectiveness

*"Thanks for bringing in the sleep log. Let's see if we can figure out what is working now"*





# EMPOWERMENT

- Focus on positive feedback

*"So I understand why you don't want to try letting him cry; you two really know your child best – let's try the other option ."*

- Link actions with change

*"You following up on that GI evaluation really helped get to rule out one problem."*

- Avoid negative labels

- Focus on the present

*"I know things have been tough for the past few months, but I really think that, with the the ideas we have come up with, things will improve."*

# SUPPORTING RESILIENCE

- Helping families identify and cope with stress
  - Encourage discussion of needs and stress
  - Ask about different aspects of stress
  - Help build a positive vision for the future
  - Explore ways to deal with stress



# ACTIVE COMMUNICATION

- Strong, clear communication strengthens engagement
- Be mindful of how you start conversations
- *“I know that I shape their answers by the way I ask the question, you know. I’m asking a negative leading question, I’m usually going to get a “no.”*



# ACTIVE COMMUNICATION SKILLS

Skills	Explanation
1. Attending to others	Provide verbal or non-verbal awareness of the other, for example engaging in eye contact, facing the person speaking, limiting distractions, etc.
2. Restating messages	Respond to a parent's verbal message.
3. Reflecting	Reflect feelings, experiences, or content that has been heard or perceived through cues
4. Interpreting	Offer a tentative interpretation about the other's feelings, desires, or meanings
5. Summarizing, synthesizing	Bring together feelings and experiences; providing a focus.

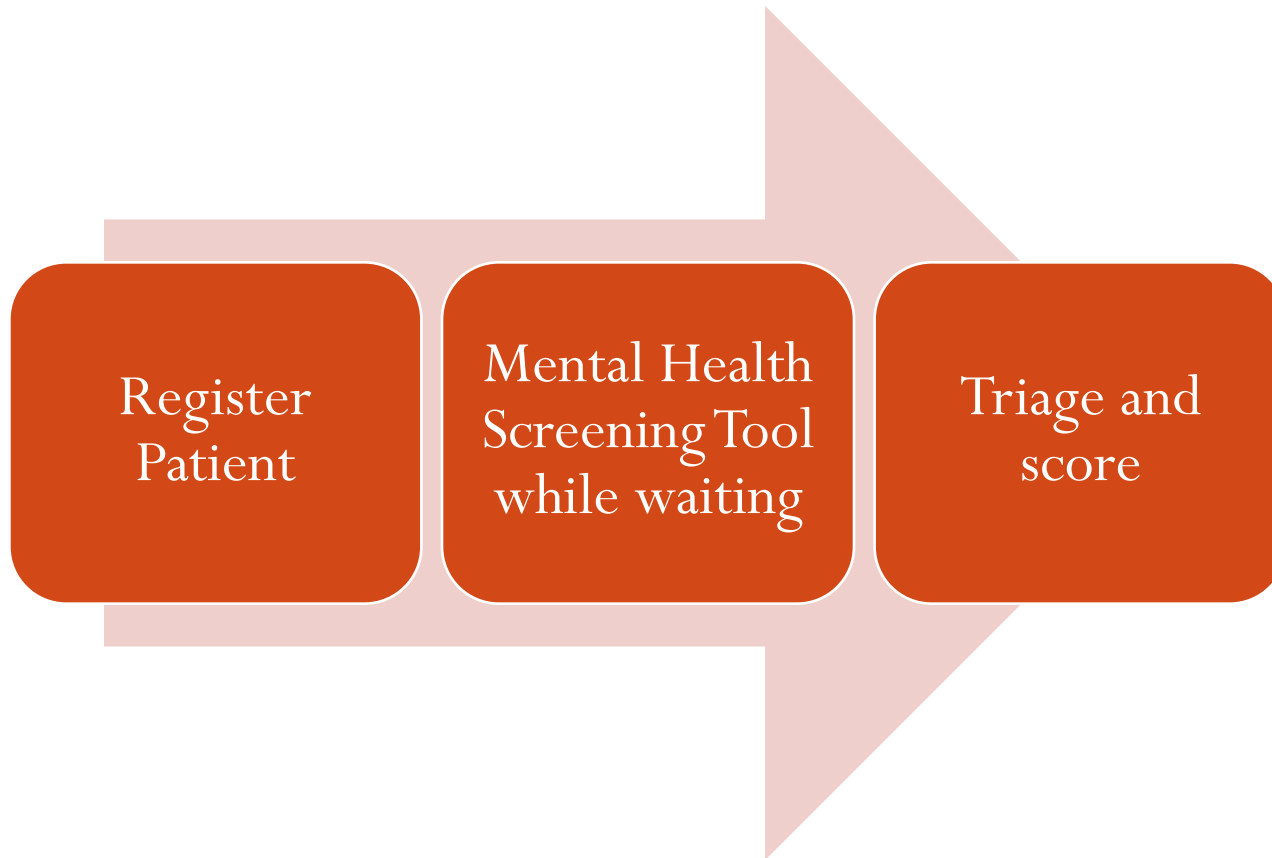


**Looking to see if she's happy is just as important as looking at her tonsils.**

At your next visit, talk to your pediatrician about your child's emotional development, too. Together, you can raise a healthy, happy child and create a foundation for a lifetime of success.



# Map of Workflow





# Implementation

- Identify your resources
- Train the practice team—not just providers
- Identify groups who need more in-depth trainings



# DC Mental Health Referral List

## DC Resources for Child and Adolescent Mental Health (Therapy Services)

\*Accepted

Resource	Contact info for Referral	Referral Criteria (types of care provided)	Medicaid	
			DC	MD
<b>Affordable Behavior Consults</b>	Main office: (301) 386-7722 1400 Mercantile Lane, Ste 206 Largo, MD 20774 ----- 212 Riggs Road, NE Washington, DC 20011 www.abccares.net	Substance-abuse outpatient therapy, Therapy, counseling, tutoring, medication  No private insurance; once insurance is approved → called for intake interview; All calls go through main office in Largo, MD.	*	*
<b>API Associates, Inc.</b>	(202) 291-0912  7826 Eastern Avenue, N.W. Suite LL18 Washington, D.C. 20012 (Located in the Terra Nova Building)	Accepts age 3+; parenting skills training and support mentoring, behavior management, crisis management, substance abuse rehab, educational support, consultation, therapy, diagnosis. Intake form available online, requires, social security #, date of birth, address;  Over 55 therapists available with master's degree and above; 24/7 availability; Dr. Williams take calls after hours, in-home services,	*	1



# Thank you

nquion@childrensnational.org



**Checking in on her emotions is just as important as checking her heartbeat.**

At your next visit, talk to your pediatrician about your child's emotional development, too. Together, you can raise a healthy, happy child and create a foundation for a lifetime of success.



**Keeping track of his feelings is just as important as keeping track of his vaccinations.**

At your next visit, talk to your pediatrician about your child's emotional development, too. Together, you can raise a healthy, happy child and create a foundation for a lifetime of success.





February 21, 2016

