

CHILD & ADOLESCENT PSYCHIATRY PORTAL

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We are challenged at this time to dig deeply, to feel, to reflect, and, from this, to evolve in the face of the recent very visible murders of Ahmaud Arbery, Breonna Taylor, and George Floyd amongst many others, tragic emblems of long-standing structural and systemic racism.

We are all metabolizing our current state in diverse ways, and we hope that the collective current power can be harnessed in ways that move us forward, well beyond the life of the current protests.

In this, we honor Juneteenth, the oldest nationally celebrated commemoration of the ending of slavery in the United States on June 19, 1865.

Second Step Psychologist Consultation

Through your initial CAPP consult, a second step consultation directly with a knowledgeable psychologist may be indicated, in order to clarify underlying behavioral and mental health concerns, advice and next steps, including questions about children age 0-6. Talk with your CAPP consultant during your next consult.

Peer Support We are offering additional individual guidance to all enrolled UBCP physicians and providers in a confidential peer support model. Please email CAPP@ucsf.edu to learn more.

CAPP Meet & Greet Thursday July 9 8pm

We want to get to know you! Please join us for a virtual mocktail/ cocktail hour, and plan to share your favorite summer beverage recipe!

[Register here](#)

Educational Programming Our summer webinar series on managing mental health concerns in COVID-19 has been well attended so far, and we still have several upcoming webinars. To register, or to view past webinars, visit the [CAPP website](#)

This fall, in collaboration with the Center for Community Health & Engagement, CAPP will be hosting a special training on **ACES & Trauma-Informed Pediatric Care**, which will focus not only on the science of ACEs and interventions, but also the collective trauma of recent events, including the impact of the COVID-19 pandemic on population social-emotional health, provider well-being, and the magnified, compounded effect on specific racial and socioeconomic groups, as well as increased rates of violence, abuse and community and intra-home violence. More details soon!



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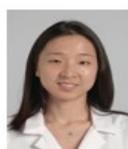
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Our Growing Team!

CHILD & ADOLESCENT PSYCHIATRY PORTAL

Developmental Case: The Textbook Case that Wasn't

"Jimmy" is a 2 year old boy with speech delay who is not yet following commands or speaking any recognizable words. He also is not yet pointing and often doesn't respond to his name. To make requests, he grabs his mother's hand and places it on top of what he wants. His **eye contact is poor**. He plays mostly by himself. He also has severe **tantrums**, especially with transitions. He sometimes runs into the middle of the street. He spins wheels on cars, likes to **spin** around in circles, and is **sensitive to loud noises**. He doesn't show much imaginative play. He is constantly moving and highly active.

Screening/Services: 24 month MCHAT-R: 6 missed items; ASQ-3: Communication and personal-social domains in referral zones. Audiology - sound threshold 20 dB at least in better ear. Regional Center provided intensive early intervention services from age 2 to 3 years, including speech therapy, special education pre-K (1:2 teacher: student ratio) for several hours a day, and occupational therapy (OT).

Seen again at age 3 years: Mom says "he is like a different person." He has started talking in short sentences, majority comprehensible, but still less than peers. He plays imaginatively with toys. He no longer behaves aggressively when he doesn't get his way. He is pointing. When tested by the school district, he didn't qualify for speech therapy or special education, but was placed in a mainstream pre-K program. He never got formally tested for autism.

Some behavioral concerns persist. He is still "all over the place". He prefers to play alone. Mom has observed him going up to other kids and echoing their exact words. He cannot participate in many group pre-K activities (won't sit still, possible lack of understanding or interest). Unlike Early Intervention, where he was constantly learning, he no longer seems to be learning much.

Questions:

At this point, is this looking more like ADHD, ASD, or both?
Would you refer for ASD diagnostic testing at this point? .

By observation (at age 3.5 years), "Jimmy" feeds a stuffed bear, shows toys to his mother and examiner, points, and makes verbal requests. He responds immediately to his name. After several prompts, he rolls a truck back and forth with his mother and examiner (but initially plays by himself and briefly spins truck wheels). He makes eye contact and points. He once flapped his hands briefly when excited. No echolalia or other repetitive behaviors seen. He waves and says hello, and blows kisses and says goodbye. He is very active—his mother was constantly chasing him to keep him safe and the room intact. I had made the referral at

Learning points:

- Don't wait for a formal diagnosis to intervene. What matters most is intensive early intervention, which made difference in Jimmy's communication, play, and social skills.
- Red flags for ASD include not responding consistently to their name or pointing by 18 months. It's worth referring for early intervention and diagnostic evaluation at that point.
- It can be difficult differentiating atypical or dysregulated behaviors resulting from ASD vs. ADHD-type impulsivity (especially when combined with speech delay,