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Introduction: This is a work in progress. The author invites input and feedback.

This draft is offered as an attempt to articulate the various roles of members of the treatment team. It has been written from the view of a child psychiatrist; in its present form it is limited and likely biased.

Role of the Team as a Whole:

1. Promote the mental health and well-being of the child with a goal of helping that child to become an independent and mentally healthy adult.
2. The team should attempt to do this work with the child in the context of the family of origin if possible.
3. Accordingly, a secondary goal of the team is to promote the understanding and ability of the parents (caregivers) to care for the child and to manage the child's mental illness.

Roles Shared by All Members of the Team:

1. Monitor safety and report child abuse promptly.
2. Do everything in service to the best interests of the child and the child's family.
3. Contribute your perspective. Represent your profession well.
4. Encourage each other with this difficult work; offer constructive feedback and educate each other as needed; "We're all in this together." Assume the best – then ask questions.
5. Keep other team members honestly informed of difficulties in completing the tasks associated with your role -- i.e., limited time to meet with the family; no funds for the services requested; caseload too large to manage, etc. – to allow the team to shift responsibilities or adjust the treatment plan
6. Recognize that different professions have different ethical standards and different understandings of what it means to provide services. Respect these differences. Be alert to different uses of professional jargon and even apparently "English" words.
7. Agree on confidentiality and file sharing practices.
8. Beware of conflicts resulting from taking protective ownership of the case; beware of projecting the child's pathology onto other members of the team; do not minimize or ignore feedback from other team members because it conflicts with your perspective.

Role of the Parents (Guardians/ Caregivers):

1. Provide a safe and loving environment.
2. Take care of your own mental health.
3. Ask questions.
4. Discipline with appropriate understanding of child development and with informed care.

5. Supply accurate and complete information about the child and family's situation. Leave shame and blame outside.
6. Become informed about child development, the child's illness and treatments.
7. Follow the treatment plan (i.e., follow directions) and be willing to access services as advised.
8. Notify the appropriate member of the team when there are changes in the child's status that may necessitate a change in the treatment plan.
9. Advocate for your child.
10. Notify the team when obstacles arise that will interfere with your ability to stick with the plan or complete the treatment.

Role of the Child and Adolescent Psychiatrist (CAP):

1. CAPs presume that they are the member of the team with the broadest and deepest knowledge of childhood mental illness and treatment. They will assume responsibility.
2. Complete a thorough and careful diagnostic assessment, using referrals to other experts as necessary, and integrating multiple sources of information. The assessment will include bio-psycho-social data and one or more direct contacts with the child and the parents (caregivers).
3. Clearly state priorities in treatment planning to address the most serious concerns first without losing track of other treatment goals.
4. Coordinate an effective treatment plan. Track progress at regular intervals, using standardized methods, and adjust treatment as necessary. Monitor for safety and side effects.
5. Be available to other members of the team and assist their efforts with prompt completion of forms or by supplying records and reports.
6. Educate other members of the team (or refer them to sources of good information).
7. Advocate for the child's needs with other members of the team or system.
8. Provide for continuity of care when the child leaves the area or becomes an adult.

Role of the Pediatrician or Family Practice Physician:

1. Provide ordinary well-child check-ups and vaccinations.
2. Provide education to parents/caregivers regarding development and major milestones.'
3. Initiate and manage treatment for uncomplicated behavior problems and habit disorders of childhood.
4. Initiate and coordinate evaluations when children fail to meet expected developmental milestones.
5. Begin and manage treatment for ADHD, anxiety, and depression.
6. Assist with coordinated evaluation for children with somatization disorders, sleep disorders, and medically caused disorders of emotions and behavior.
7. Assist with careful search for organic causes of mental illness.
8. Assist with access to other services such as laboratories, medical specialists, etc.
9. Provide feedback to the child psychiatrist and other team members as necessary.
10. Supply medical records promptly when requested.
11. Do not prescribe psychotropics (including pain medications) without notifying the CAP.

Role of the Children's Mental Health Case Manager:

1. Be informed on available services within the geographic region and volunteer that information as relevant to other members of the team
2. Assist the family in obtaining necessary services, advocating strenuously.
3. Coordinate communication among members of the team and support them as you are able in completing their duties.
4. Keep informed about children's mental illness and treatments
5. Have a crisis plan and communicate this to other members of the team.
6. Be creative and flexible; aim to solve problems.
7. Honestly complete the CAS-II and ECS-II without reference to budget issues.

Role of the School:

1. Provide an appropriate education .
2. Provide a safe learning environment that is free of bullying and harassment.
3. Be informed about appropriate accommodations for children with mental illness.
4. Attempt to provide the best possible special education services or appropriate accommodations (and be honest about what services are available).
5. Provide a competent and complete assessment by the Child Study Team.
6. Promptly complete the IEP or 504 plan and see that it is implemented
7. Promptly provide an educational alternative when a child must be pulled from mainstream classes.
8. Maintain an atmosphere that works to limit stigma and secondary damage from mental illness.
9. Provide discipline in a manner that does not cause trauma to the child.
10. Promptly inform other members of the team of unexpected developments.

Role of the Psychologist (Consultant):

1. Provide appropriate cognitive, academic, personality, and basic neuropsychological testing.
2. Provide a succinct summary to treating professionals.
3. Provide the raw data upon request (if not with the original report!).
4. Follow the data – i.e., if a memory problem is suspected, do additional testing or suggest how to go about this.
5. Design an appropriate behavioral modification plan if requested.
6. After designing a behavioral plan, designate appropriate tracking and follow-up.
7. Supply contact information.

Role of the Therapist:

1. Be able to clearly state the nature of the problem, the target symptoms to be addressed, the type of therapy method employed, the frequency of contacts, and the expected duration of therapy required to resolve the concern.
2. See the patient at the required frequency and for the required duration.
3. Set a date at which one might expect to be able to judge whether the therapy used is beginning to show efficacy. Then assess. Modify the therapy if necessary.

4. Notify the psychiatrist or treatment team of significant changes in the child's status.
5. Supply routine updates (once or twice per year) without being asked.
6. Supply summary reports when services are completed.
7. Don't stop services without terminating services – i.e., don't just let therapy lapse. Make an effort to find out what's happening and notify the case manager or responsible medical professional.
8. Have a crisis plan and inform other members of the team of your plan.
9. Take an appropriate level of responsibility and communicate with team members what that is.

Role of the Inpatient Unit:

1. Rapidly assess and stabilize the patient
2. Request information from the treating medical professional and therapist; invite input
3. Assume that the outpatient professionals have a reason for the diagnosis and treatment plan. Remember that families don't always understand and frequently can't explain the clinical reasoning of the professionals. Be mindful that patients generally appear more organized and less symptomatic in the highly structured hospital milieu than they do in the community.
4. Notify the outpatient team of the anticipated dismissal date before the dismissal.
5. Promptly supply a dismissal summary with copies of laboratories, imaging studies, and any/all psychological testing and medical consultations. Include in the dismissal summary:
 - a) notes about any medications which were tried and discontinued due to adverse reactions.
 - b) the inpatient treatment team's plans for outpatient tapering or adjustment of medications and necessary monitoring laboratories.
 - c) the quantity of medication supplied and the number of refills.
6. Notify the treating professional if the patient is being transferred to another facility.

What Doesn't Work:

1. Being left without information when the patient is in crisis on Friday night.
2. Suggesting that the family access other sources of care or obtain second opinions without at least trying to understand what's happening with the current treating professional
3. Attempting to solve all of the child's problems yourself
4. Disparaging or showing contempt for other members of the team.
5. Offering opinions outside your area of training or expertise
6. Ignoring recommendations by other members of the team
7. Being affronted when questioned
8. Delaying or refusing to complete required reports