Approved by ICNF Board 8/4/2020

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
Clinical Guideline

This guideline focuses on increasing the number of children and adolescents (1-17 years of age) who receive psychosocial care (evidenced by documentation of the psychosocial intervention) prior to initiation of a new prescription for an antipsychotic medication. *See ICNF provider manual and HealthEC for metric specifications regarding ICNF metric set.*

Antipsychotic medications may be effective treatment for a narrowly defined set of psychiatric disorders in children and adolescents. However, they are often prescribed for non-psychotic conditions for which psychosocial interventions are considered first-line treatment. Safer first-line psychosocial interventions may be underutilized. The intent of this metric is to minimize risks associated with antipsychotic medications for children and adolescents (NCQA).

Note: Clinical Guidelines are statements that include recommendations intended to optimize metric success, based on the metric definition, informed by a systematic review of evidence available in the literature. They are guidance only to be interpreted and applied by each ICNF provider organization and will need to be evaluated by your clinicians to determine when applicable.

Summary Table of Potential Barriers and Interventions

The following summary table presents the primary barriers to psychosocial care, the methods to identify the barrier, and the potential interventions to apply relative to increasing psychosocial care for children and adolescents.

Possible Barrier	Signs/Symptoms of Barrier or Methods to Identify	Potential Interventions
Stigma	• Client and/or family's lack of belief in benefit of psychosocial treatment • Client and/or family's lack of insight into the illness • Client and/or family's concern relative to judgement from family or friends • Family not wanting to be 'blamed' or feel they need to be included in treatment process	• Provide information communicating the importance of psycho-social interventions as first-line interventions as well as treatment choices, inclusive of evidence or results that show that psycho-social interventions are effective
Availability of specialized mental health care with serious	• Client and family unable to locate the needed psycho-social service in their geographic area	• Mobile Response Team (MRT) and/or Targeted Case Management (TCM) may act as a conduit to least restrictive, outpatient services designated to immediately support client in obtaining care they need. These teams also may identify need for and refer to community-based

Possible Barrier	Signs/Symptoms of Barrier or Methods to Identify	Potential Interventions
mental health problems (access)		treatment such as Therapeutic Behavioral On-Site Services (TBOS) or Community Action Teams (CAT) that may be able to provide higher level outpatient care • Consider telehealth as an option to gain access to needed interventions • ICNF may identify the need for and consider a pilot program to address the issue • ICNF provider organizations collaborate and identify if a single provider might be able to develop needed services for multiple providers • If an ICNF provider organization in another geography has the needed service developed, consider sharing the intellectual property or knowledge of how to implement service • Collaborate with health plan(s) to expand network and support for specialized mental health support services
Physicians, prescribers and other clinicians potentially unaware of specific psycho-social interventions	• No discussion with client and/or family about treatments other than medications • Unable to answer questions family may have about treatment options	• Educate providers and ensure the following options available are offered to client/family. Consider services being provided in home: • Family Therapy • Psychoeducation • Shared decision-making • Motivational interviewing or messages • Care support group • Peer support • Parent Mentors • Parent behavior training—manualized programs designed to help parents manage a child's problem behavior using rewards and nonpunitive consequences • Psychosocial interventions—including any one of a number of interventions aimed to assist children and their families through psychological and social therapies (e.g., psychoeducational, parent counseling, and social-skills training) • Behavioral interventions—manualized programs designed to help adults (parent, teachers, other) using rewards and nonpunitive consequences

Possible Barrier	Signs/Symptoms of Barrier or Methods to Identify	Potential Interventions
		• School-based interventions—interventions in which teachers are primary intervenors and where the intervention takes place in a classroom or school setting. • Mobile Response Team (MRT) and/or Targeted Case Management (TCM) may act as a conduit to least restrictive, outpatient services designated to immediately support client in obtaining care they need. These teams also may identify need for and refer to community-based treatment such as Therapeutic Behavioral OnSite Services (TBOS) or Community Action Teams (CAT) that may be able to provide higher level outpatient care • Targeted Case Management- assisting clients to navigate treatment options, including client education, focusing beginning engagement where client/family is at regarding their understanding of the treatment system.
Family (or guardian) not supportive of psycho-social interventions; belief in medications only	• Client family voicing lack of support or interest in psycho-social interventions • Non-verbal signs of frustration by client and/or family • Client and/or family demands medications instead of psycho-social care; no interest in discussing when the option is presented • Report of no-show at psychosocial care sessions	• Strength-based training, assists parents on identifying the strengths of the child, which can be built via multiple interventions • Provide information communicating the importance of psycho-social interventions as first line intervention as well as treatment choices, inclusive of evidence or results that show the psycho-social interventions are effective. Consider services being provided in home such as: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3710464/figure/F2/?report=objectonly • Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) • Family Therapy • Psychoeducation • Shared decision-making • Motivational messages • Care support group • Peer Support • Interdisciplinary staffing or multidisciplinary staffing

Possible Barrier	Signs/Symptoms of Barrier or Methods to Identify	Potential Interventions
		• Parent behavior training—Manualized programs designed to help parents manage a child's problem behavior using rewards and nonpunitive consequences • Targeted Case Management- assisting clients to navigate treatment options, including client education, focusing beginning engagement where client/family is at regarding their understanding of the treatment system. • Psychosocial interventions—Including any one of a number of interventions aimed to assist children and their families through psychological and social therapies (e.g., psychoeducational, parent counseling, and social-skills training) • Behavioral interventions—Manualized programs designed to help adults (parent, teachers, other) using rewards and nonpunitive consequences • Mobile Response Team (MRT) and/or Targeted Case Management (TCM) may act as a conduit to least restrictive, outpatient services designated to immediately support client in obtaining care they need. These teams also may identify need for and refer to community-based treatment such as Therapeutic Behavioral OnSite Services (TBOS) or Community Action Teams (CAT) that may be able to provide higher level outpatient care • School-based interventions—Interventions in which teachers are primary intervenors and where the intervention takes place in a classroom or school setting
Social Determinants of Health	• Client/family not showing for services • Client/family supportive, interested in services but do not follow through • Client/family not able to sustain care after initiation • Multiple no-shows or cancellations	• Attempt to arrange care in a way that is aligned with client resources (e.g., telehealth, bundle services to make each visit more efficient) • Ensure client is engaged in programs that support addressing SDOH • Work with health plan Care Manager to identify if they have any resources or programs to support individual • Provide in-home services • Appointment reminders by text • Provide transportation arrangements

Possible Barrier	Signs/Symptoms of Barrier or Methods to Identify	Potential Interventions
Cultural Beliefs	• Individual or family rejecting suggested interventions • Individual not responsive to outreach, opportunities to engage	• Utilize Interdisciplinary case staffings to review potential best intervention for client/family. • Provide culturally competent interventions • Focus on outreach and engagement techniques being responsive to cultural factors • Discuss the possibility of in-home services to assist family in being more comfortable with care • Utilization of Targeted Case Management- assisting clients to navigate treatment options, including client education, focusing beginning engagement where client/family is at regarding their understanding of the treatment system. Staff sensitive to client and family specific cultural needs will be critical for successful engagement

Shared Decision-Making Best Practices

- Make more collaborative treatment decisions jointly based on client lived experience and choice.
- Invite, listen and take seriously the importance of the subjective attitudes and concerns of clients with respect to their illness.
- Help clients understand that choices exist and that they are invited to participate in making decisions related to their treatment.
- Provide more information about treatment options available, including pros, cons, benefits and harms related to each. Ensure that the client understands the options and implications of choices.
- Support the client's consideration of preferences in deciding what is best for them and their specific situation.
- Include family and key supports in decision-making process as appropriate.
- Recognize and respect cultural preferences.

References and Resources

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