

Cathliyn Buranahirun, PsyD¹, Kathleen Ingman, PhD², & Guy Young, MD^{1,2}

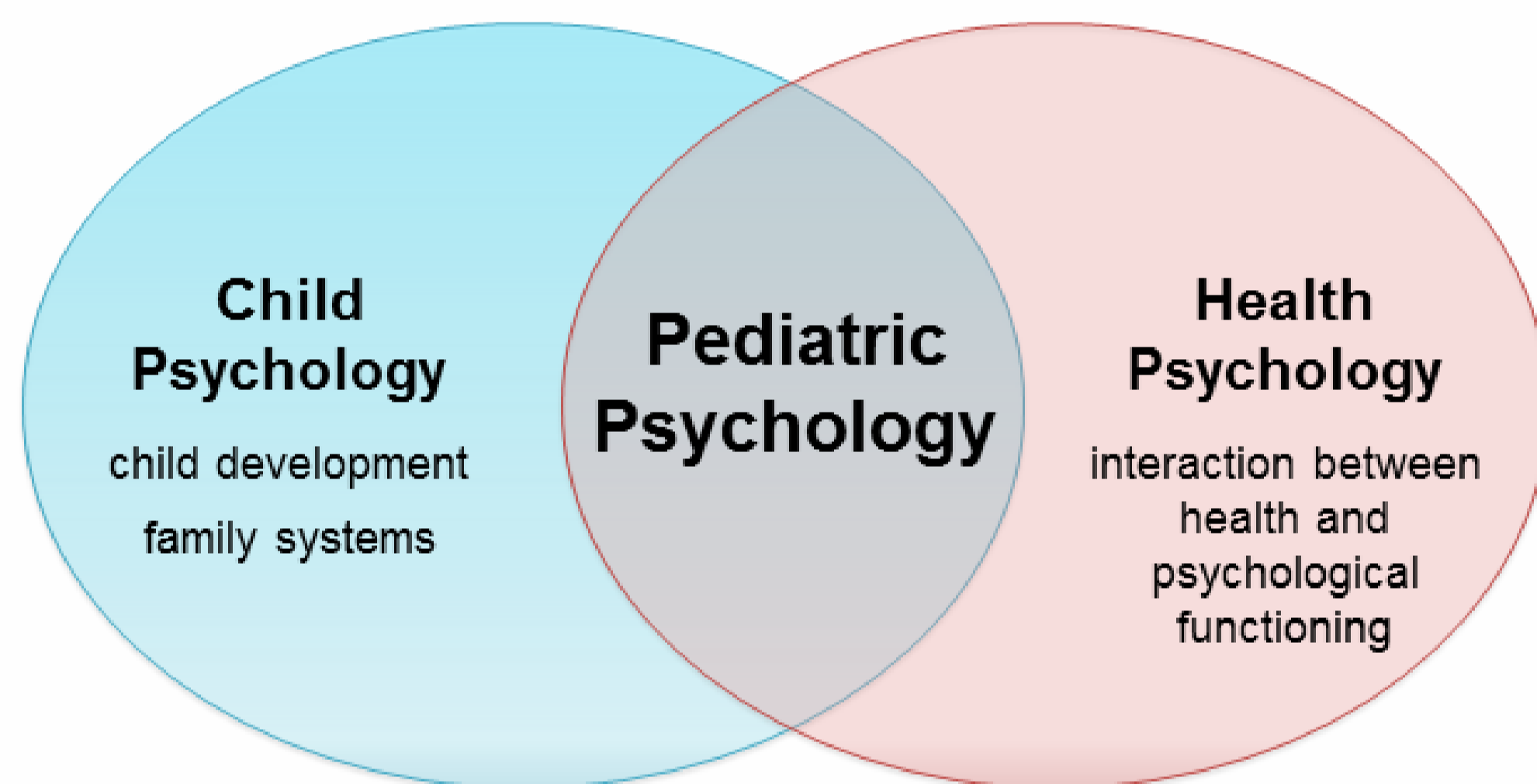
¹Hemostasis and Thrombosis Center, Children's Hospital Los Angeles

²Children's Center for Cancer and Blood Diseases, Children's Hospital Los Angeles, Keck School of Medicine, University of Southern California

Background

- Children with hemophilia often experience greater difficulties with emotional well-being¹
- Symptoms that are recognized when they first emerge may be alleviated with briefer, less intense treatment than those that have persisted for longer
- Early detection and management is vital, but psychosocial needs, especially involving impairments that are not overtly severe, are often under-identified by healthcare providers²
- Anxiety and depression are especially common in children with chronic illness, but are much less likely to be identified by providers because initial symptoms are often not obvious^{3,4}
- Multidisciplinary care teams help provide psychosocial support, but integration of psychology within those teams is uncommon

Pediatric psychology addresses physical and psychological issues related to health and development. Health-related issues are considered within a developmental context and reflect a systems-oriented approach.



Objective

Examine the impact of a pediatric psychology program embedded within a hemophilia treatment center (HTC) on identification of psychosocial needs and access to care.

Methods

A postdoctoral psychology fellow joined the HTC at a pediatric hospital in July 2010, participated in outpatient medical clinic visits, and provided outpatient psychological and neuropsychological services.

Data regarding referrals for psychological services were collected and compared during the following periods:

November 2009 – June 2010

- No psychologist in HTC
- Pediatric psychology program within the hospital was available

July 2010 – February 2011

- Psychologist integrated into HTC and screened each patient in clinic

March 2011 – October 2011

- Psychologist available in HTC for consultation
- No psychologist-patient contact unless referred by physician / nurse / social worker

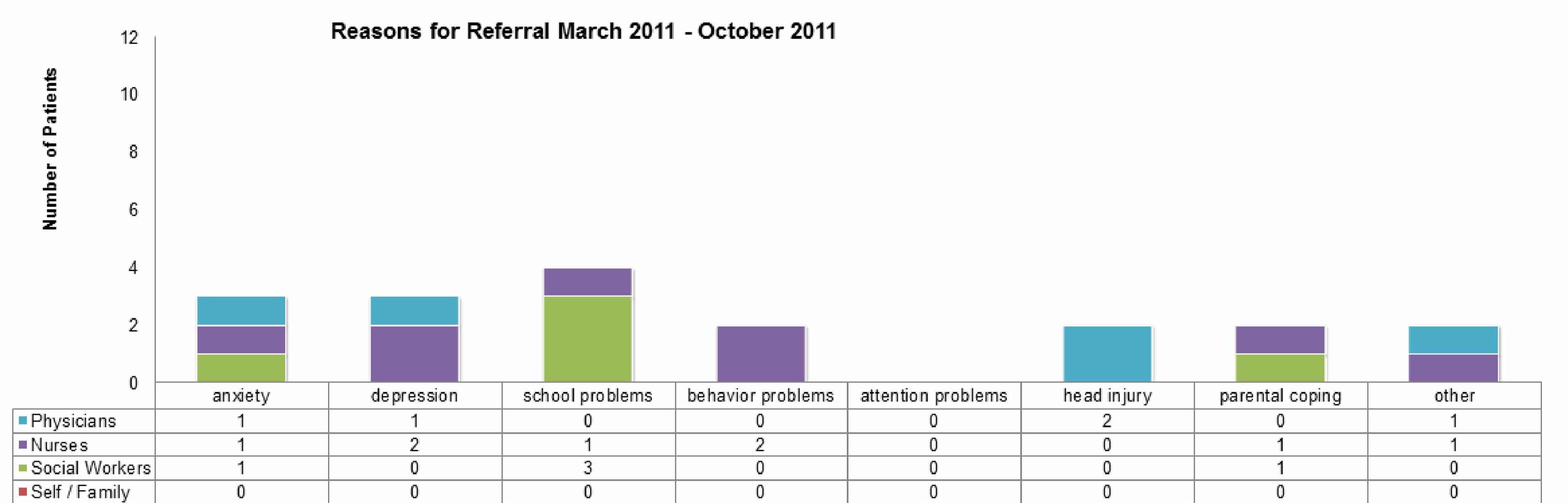
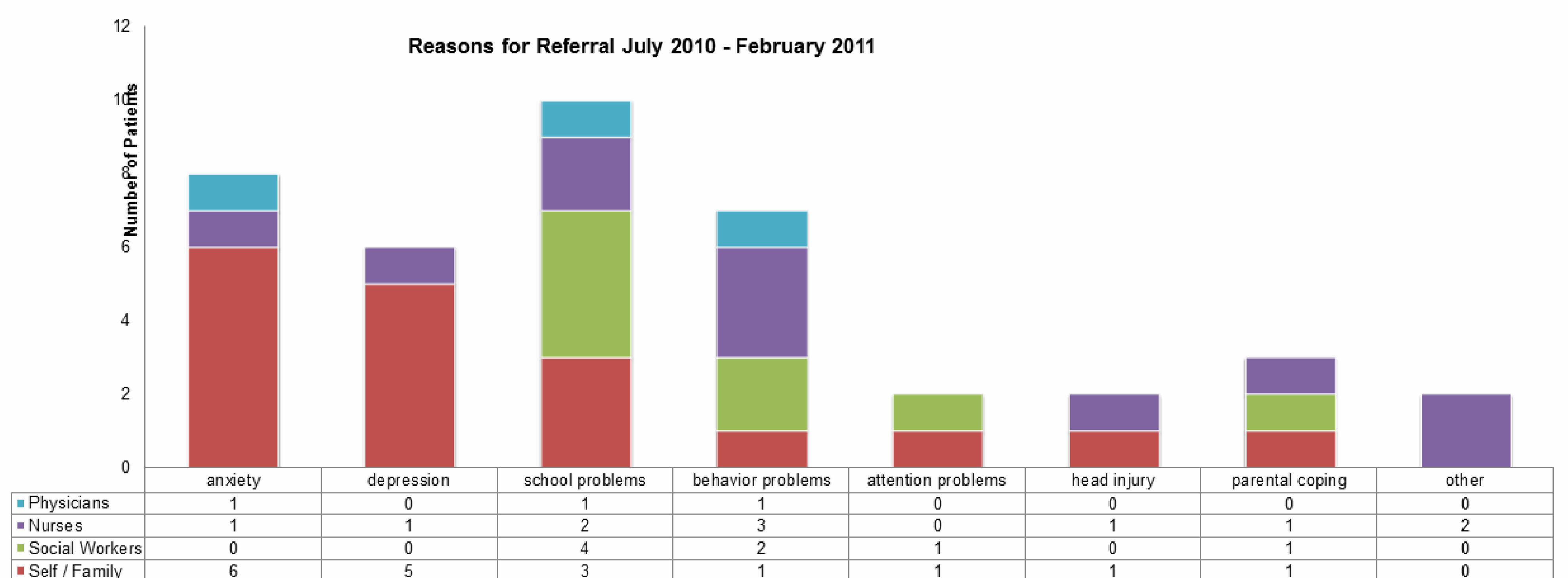
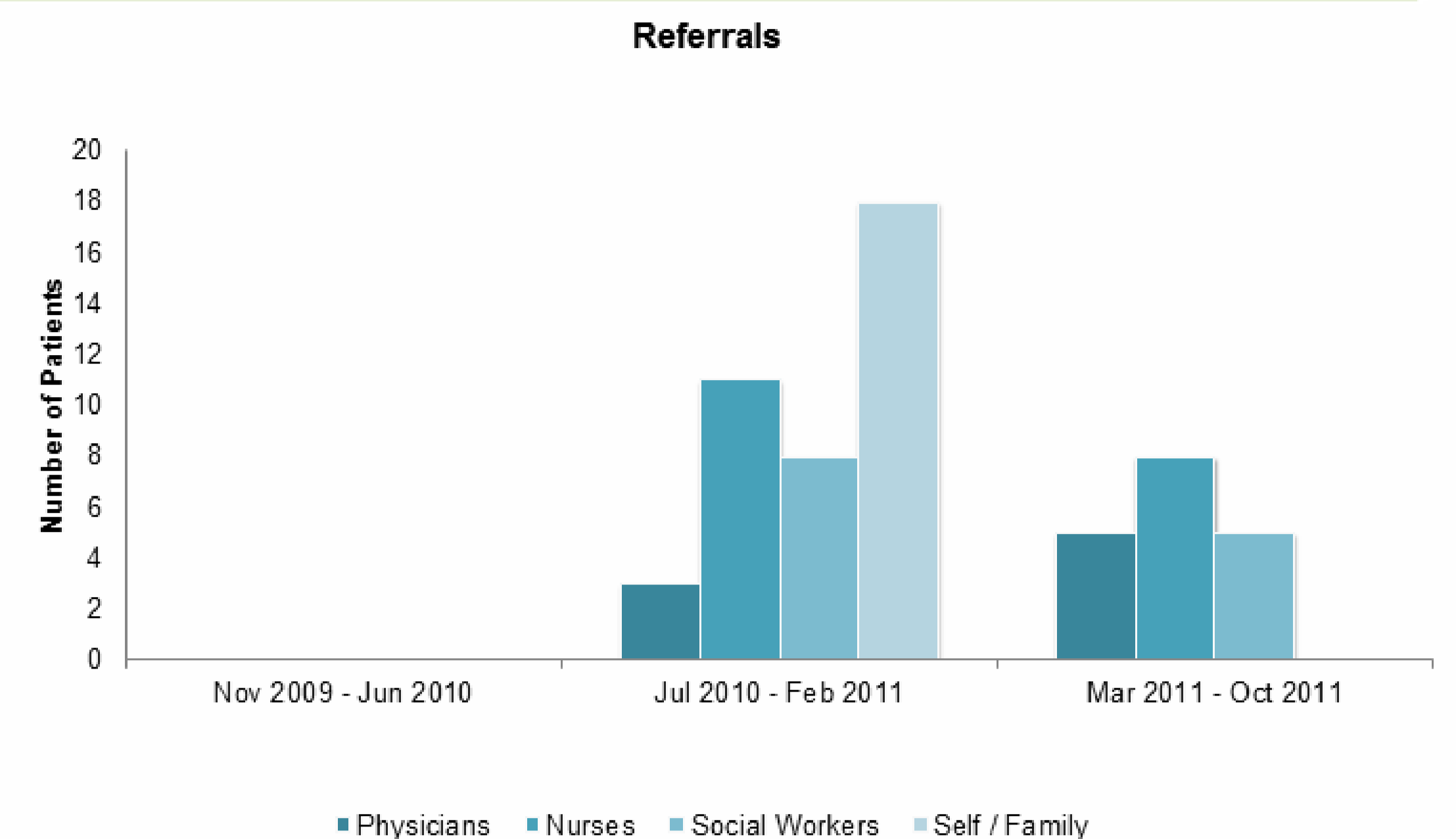
Results

Patient Referrals

- November 2009 – June 2010: 0
- July 2010 – February 2011: 40
- March 2011 – October 2011: 18

Descriptive Statistics

- Ages 6 mos – 31 yrs (*Mdn* = 12 yrs)
- Primarily Hispanic/Latino population (91%)
- 88% male, 12% female



- 75% of patients referred for anxiety were *self-referred*
- 83% of patients referred for depression were *self-referred*
- members of the care team (i.e., physicians, nurses, and social workers) were more likely to identify and refer patients for reported school problems or behavior problems than for symptoms of anxiety or depression

Conclusions

- Pediatric psychology embedded within the HTC increased awareness among the care team about triggers for psychological services.
- Contact with the psychologist facilitated discussions regarding adjustment, behavioral, and/or emotional concerns that were not identified by providers during regular clinic visits.
- Results support the importance of integrating psychology within the HTC to ensure sufficient identification of psychosocial needs. Having a psychologist only available, but not integrated into the clinic, allows for treatment of only the small proportion of patients who are easily-identified

Future Directions

- Develop behavioral screening to allow for early identification and treatment of mental health needs without outward symptoms, especially for HTCs that are not able to have a psychologist within the team
- Further develop best practice guidelines for meeting the psychosocial needs of hemophilia patients

References

- Trzepacz, A. M., Vannatta, K., Davies, W. H., Stehbens, J. A., & Noll, R. B. (2003). Social, emotional, and behavioral functioning of children with hemophilia. *Developmental and Behavioral Pediatrics, 24*(4), 225-232.
- Steele, M. M., Lochrie, A. S., & Roberts, M. C. (2010). Physician identification and management of psychosocial problems in primary care. *Journal of Clinical Psychology in Medical Settings, 17*(2), 103-115. doi: 10.1007/s10880-010-9188-1
- Wren, F. J., Scholle, S. H., Heo, J., & Comer, D. M. (2003). Pediatric mood and anxiety syndromes in primary care: Who gets identified. *International Journal of Psychiatry in Medicine, 33*(1), 1-16.
- Tarshis, T. P., Jutte, D. P., & Huffman, L. C. (2006). Provider recognition of psychosocial problems in low-income Latino children. *Journal of Health Care for the Poor and Underserved, 17*(2), 342-357. doi: 10.1353/hpu.2006.0070

