As the scope of this book illustrates, there are many forms and modalities of mental health services for children and their families. One such venue is that of Pediatric Consultation–Liaison (Peds C/L). Within this modality, a specialized child mental health consultant (typically a pediatric psychologist or child psychiatrist) advises the physician or provides direct services to medically hospitalized children regarding behavioral, emotional, or familial aspects of the child’s symptoms and illness (Drotar, Spirito & Stancin, 2003; Kazak, 2002). As a subspecialty practice, Peds C/L represents perhaps the most active collaboration between pediatricians and child psychologists and psychiatrists (Olson, Mullins, Chaney, & Gillman, 1994; Walker, 1988).

PREVIOUS RESEARCH ON PEDIATRIC CONSULTATION–LIAISON SERVICES

Despite a long history of Peds C/L services (Fritz, 1990; Lewis, 1994; Lewis & King, 1994; Roberts, Mitchell, & McNeal, 2003; Routh, 1985; Stabler, 1988), there is a relative dearth of studies characterizing the array of services provided by Peds C/L services despite their centrality to hospital-based pediatric psychology and child psychiatry. In one of the first studies of referral problems to a Peds C/L service, Drotar (1995)
surveyed 528 children and adolescents who were pediatric inpatients. The most frequently reported referral questions included evaluation of developmental delay, adaptation and adjustment to chronic illness or physical disability, concerns regarding the psychological factors in physical symptom presentation, behavior problems, and managing psychological crises (Drotar et al., 2003).

Olson et al. (1988) at the University of Oklahoma Health Sciences Center (where the first formal training program in pediatric psychology was established) conducted a retrospective review of the records of 749 inpatient referrals seen by their pediatric psychology service at Oklahoma Children’s Hospital over a 5-year period. Referrals seen, in order of greatest frequency, were depression or suicide attempt, adjustment problems to chronic illness, and behavior problems. General Pediatrics requested consultations most frequently, followed by Surgery and Adolescent Medicine. Almost a third of the children seen for in-hospital consultation were subsequently seen for outpatient follow-up. Health care professionals making referrals were generally very satisfied with the services of the Peds C/L team and expressed a high likelihood of making future referrals for consultation.

In a similar study, Rodrigue and colleagues (1995) conducted an archival review of 1,467 records of in-hospital (n = 448) and outpatient (n = 1,019) referrals to a health sciences center-based pediatric psychology service at the University of Florida Health Sciences Center from 1990 to 1993. General Pediatrics (40%), Pediatric Hematology or Oncology (31%), Adolescent Psychiatry (15%), Pediatric Intensive Care (5%), and the Burn Unit (4%) accounted for most of the inpatient referrals. The most common reason for referral (inpatient and outpatient) was assessment of cognitive or neuropsychological functioning (reflecting the strong psychological assessment orientation of this particular Peds C/L service) followed by externalizing behavior problems, comprehensive psychological evaluation, presurgery or transplant evaluation, and adjustment problems to chronic illness. A retrospective survey of 143 referring health professionals indicated generally high overall satisfaction with service quality.

In the Knapp and Harris 10-year review of clinical reports (1998a) and treatment outcome (1998b) studies on pediatric consultation–liaison child psychiatry, the authors surveyed both the categorical (illness-specific) and noncategorical investigations into the psychiatric care of medically ill children. They concluded that pediatric consultation–liaison services are increasingly playing a role in meeting the emotional and behavioral needs of pediatric inpatients via facilitation of individual and family adaptation to the stressors associated with chronic illness.

Carter et al. (2003) at the University of Louisville School of Medicine conducted a prospective case-controlled study of pediatric inpatients referred for consultation at Kosair Children’s Hospital. One hundred and four referrals were matched with nonreferred controls for age, gender, and illness type or severity and completed parent- and self-report behavioral rating scales to assess for adjustment or functioning. Nurses completed in-hospital ratings of behavioral or adjustment difficulties. Goal attainment and satisfaction ratings were obtained from the referring physicians,