Clinician Disparities in Anxiety and Trauma Screening among Children with ADHD: A Pilot Study

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Abstract
The objective of this study was to determine the rate of clinician screening for anxiety disorders or trauma when diagnosing childhood ADHD and investigate the roles of clinical setting and clinician discipline. Data were retrospectively collected in general pediatric (GP) and mental health (MH) setting. Screening rates were compared between visits in GP vs. MH setting and with a developmental-behavioral pediatrician (DBP) vs. visits without a DBP. Analysis of 200 charts revealed an overall 44% documentation rate of anxiety or trauma history screen. DBPs were responsible for 53 (26.5%) of cases; with DBP involvement, screening rates for anxiety or trauma rose to 77%, with significant variation by setting (OR = 5.27, p < .001) and clinician type (OR = 2.64, p < .001). Clinicians in the GP setting document screening for anxiety or trauma history significantly less often than clinicians in the MH setting. DBPs have an opportunity to improve the rate of anxiety and trauma screening when evaluating ADHD.