Teenage Behavioral issues in the Office

Natasha Polensek, MD, Kyle Higgins, Stacie Andoniadis, Christopher Spromberg
No Conflicts of Interest or Disclosures

Except....
- Legal considerations
- Setting Boundaries
- Behavioral Questionnaires-
  CRAFFT and PHQA
- Warm Handoff to Behavioral Health Team
- Training opportunities and Resources
Adolescence: A time of Identity vs. Role Confusion (Ages 12-20)
Legal Considerations When Working With Teens

Note that it is important to check with your specific agency or clinic around how confidentiality is handled with teens and minors.
• 15 or older, ROI is required to disclose information to parent/guardian
• 14 or older, Minor may access outpatient mental health or chemical dependency treatment without parent/guardian consent
• parent/guardian must be informed of treatment by the end of treatment unless parent/guardian sexually abused the minor.
“A body goes through changes during the teen years. When you started dating, my hair turned gray. When you started driving, I got heart palpitations...”
Minors and Health Information

• parent/guardian must be informed of treatment by the end of treatment unless
  – parent/guardian sexually abused the minor
  – The parent refuses
  – Clear clinic indications to the contrary are present and documented
  – Minor has been emancipated and/or separated from parent for at least 90 days
Minors and Health Information

- Minor children of any age may seek treatment for venereal disease without parental consent or disclosure
- Minor child of any age may seek birth control and services
Other Considerations

Consent to Sex

– Oregon law does not give minors (those under age 18) the ability to consent to sex, but consider that sexual activity is a normal part of development
  • 48% have had sexual intercourse*
  • Of those 58% reported using condoms *
  • Talking about and providing resources/information on healthy sexual activity is essential to making health choices

*2009 OR Healthy Teens Survey
Other Considerations

Mandated Reporting - There are times when confidential information must be reported:

- Reportable infectious and communicable diseases;
- Suspicion of abuse or neglect of a vulnerable individual;
- Entering a drug or alcohol detoxification program; and
- Individual is a health or safety risk to themselves or others.

Applies to: Doctors, Nurses, Social Workers, Teachers, Day care providers, Police officers, Other state employees, mental health counselors, Coaches/Youth group leaders
Boundary Setting
Boundary Setting

1. Rapport – “I am on your side”
2. Truth – “There are some rules & requirements”
3. Freedom – “You can choose to respect or reject the rules”
4. Reality – “Here is what will happen”
5. Maintain CONSISTENCY & RAPPORT
 Boundary Setting

1. Rapport – “I am on your side”
   - Listen/Talk
   - Self-disclosure (appropriate)
   - Be interested in what they are interested in
   - Be authentic
   - Show you care
2. Truth – “There are some rules & requirements”

- Rules and requirements are a fact of life
- Make rules fit needs & capabilities of teen
- Explain why and model how to follow the rules
- Keep them simple, few, realistic, and fair
- Be CONSISTENT with the rules (no exceptions)
3. Freedom – “You can choose to respect or reject the rules”

- Reinforces agency
- Teaches natural consequences to decisions
- To make good choices, they also need to be able to make bad ones AND know what happens when they mess up
- Allows for learning from mistakes
Boundary Setting

4. Reality – “Here is what will happen”

• Actions = Consequences (good and bad)
• Be clear what will happen if they choose to cross the line
• Make consequence appropriate for age and behavior
• Maintain consistency (endurance = self-care)
Boundary Setting

BE CONSISTENT

MAINTAIN RAPPORT
Example: Jack (14) asks if he can go the movies before he has finished his homework. His mother says no, citing the house rule that he must complete all homework before leaving the house. Jack throws a book on the floor, huffs back to his room, and slams the door.
Patient centered medical home-AHRQ

- Provide comprehensive care for the majority of physical and mental health care needs of the patient
- USPSTF recommends depression screening for youth from 12-18- Grade B
- USPSTF recommends screening adults for alcohol abuse-Grade B
- USPSTF states insufficient evidence for drug and alcohol screening in youth and adolescents
Screening for Substance Abuse and Depression
## The CRAFFT Questionnaire (version 2.0)

Please answer all questions honestly; your answers will be kept confidential.

### During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put “0” if none.
   
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<tr>
<th>No</th>
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2. Use any **marijuana** (pot, weed, hash, or in foods) or “**synthetic marijuana**” (like “K2” or “Spice”)? Put “0” if none.
   
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<th>No</th>
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3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or “huff”)? Put “0” if none.
   
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### READ THESE INSTRUCTIONS BEFORE CONTINUING:
- If you put “0” in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.
- If you put “1” or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.

4. Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
   
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5. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
   
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6. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?
   
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7. Do you ever **FORGET** things you did while using alcohol or drugs?
   
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8. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
   
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9. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?
   
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1. Show your patient his/her score on this graph and discuss level of risk for a substance use disorder.

Probability of a DSM-5 Substance Use Disorder by CRAFFT score*

2. Use these talking points for brief counseling.

1. **REVIEW** screening results
   For each “yes” response: “Can you tell me more about that?”

2. **RECOMMEND** not to use
   “As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations.”

3. **RIDING/DRIVING** risk counseling
   “Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home.”

4. **RESPONSE** elicit self-motivational statements
   Non-users: “If someone asked you why you don’t drink or use drugs, what would you say?” Users: “What would be some of the benefits of not using?”

5. **REINFORCE** self-efficacy
   "I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."
**PHQ-A, Personal Health Questionnaire for Adolescents - Depression Screening**

**Instructions:** How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

<table>
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<tr>
<th></th>
<th>(0) Not at all</th>
<th>(1) Several days</th>
<th>(2) More than half the days</th>
<th>(3) Nearly every day</th>
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<tbody>
<tr>
<td>1. Feeling down, depressed, irritable, or hopeless?</td>
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<td>2. Little interest or pleasure in doing things?</td>
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<td>3. Trouble falling asleep, staying asleep, or sleeping too much?</td>
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<td>4. Poor appetite, weight loss, or overeating?</td>
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<td>5. Feeling tired, or having little energy?</td>
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<td>6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?</td>
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<td>7. Trouble concentrating on things like school work, reading, or watching TV?</td>
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<td>8. Moving or speaking so slowly that other people could have noticed?</td>
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<td>Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?</td>
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<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
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</table>

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

- [ ] Yes
- [ ] No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

- [ ] Not difficult at all
- [ ] Somewhat difficult
- [ ] Very difficult
- [ ] Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

- [ ] Yes
- [ ] No

Have you **EVER** in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

- [ ] Yes
- [ ] No
START is a statewide project of the Oregon Pediatric Society, the state chapter of the American Academy of Pediatrics. START trainings are designed for the entire clinic staff with the end goal of practice change to improve child and adolescent health care.

Continuing Medical Education (CME) and Maintenance of Certification (MOC) - Part IV is available

ADOLESCENT DEPRESSION SCREENING

Improve adolescent health care through implementing standardized depression screening, and gain understanding of assessment procedures and treatment of depression. Learn strategies for improving the adolescent well visit. Training includes a panel of local community referral resources.
Oregon Pediatric Society trainings-

- SBIRT/CRAFFT-substance abuse
- ACES-Adverse childhood experiences
- Behavioral health integration
- Autism spectrum
- Peripartum mood disorders
- Adolescent depression
A Positive Screen - Now what do I do?
Warm Hand Offs & Introductions
How to introduce your Behavioral Health Team:

- Behavioral Health Consultant or Behavioral Health Resource specialist
  - Specialists
  - Experts
  - My colleagues who can really help with…
  - People I work with…
  - Team member who…
Introductions

- Introduce the patient to the BH Team Member in the room in front of the patient
- Use language to include and engage your patient

**Negative/passive words**
- Suffers from
- Refused to take
- Didn’t keep apt
- Was non-compliant with
- Arrived late

**Positive/active words**
- Struggles with
- Decided against
- Was unable to be here
- Had not seen value of
- Was determined not to miss
**Examples**

- **Example 1:** *It sounds like your family might be having a lot of stress right now. I work with someone who specializes in helping with these concerns, and I would like you to speak with them today to better help me help you. Is it all right with you if I introduce them to you?*

- **Example 2:** *From some of your answers on this questionnaire, it looks as if you may be feeling down lately. I have a colleague who can give you some ideas to help you. They are available to meet with you right now, may I bring them in the room? I think it will be helpful.*

*From California Mental Health Services Authority (CalMHSA).*
http://www.ibhp.org/?section=pages&cid=122
Pam is a 17 year old accompanied by her mother to discuss worsening grades. She recently has had difficulty focusing on school, specifically math. She is on the swim team, but a recent ankle injury has kept her out of practice. Swim team is the main activity where she spends time with friends.

How do you as the PCP introduce the patient to the BH Team? What other factors should be considered based upon her age?
Discussion & Questions

- Did we miss anything?
- What would you add?
- Questions in general about BH services or process?
Warm Handoff Videos

- www.youtube.com/user/sierrafamilymedical/feed
- www.youtube.com/watch?v=luTrKoeQ4ag
- www.sbirtoregon.org/videos.php
Provide Emergency Crisis Information

- Multnomah County Mental Health Crisis Intervention
  - 503-988-4888
- Clackamas County Crisis Services Line
  - 503-655-8585
- Washington County Crisis Services
  - 503-291-9111
- Clark County Crisis Services
  - 360.696.9560 or 1.800.686.8137
- Oregon Youth Line
  - 1-877 YOUTH 911 (877-968-8491)
- Peer-to-peer crisis line for teens about bullying, substance abuse, depression, self-harm, dating violence and other issues. Online chat is available at OregonYouthline.org.
- National Suicide Prevention Life Line
  - 1-800-273-TALK (800-273-8255)
Oregon Psychiatric Access Line about Kids (OPAL-K)

Welcome to OPAL-K

Phone

Toll-Free: 1-855-966-7255 📞
Portland Metro: 503-346-1000 📞

OPAL-K call center hours

9 a.m. – 5 p.m.
Monday through Friday, excluding major holidays
OPAL-K is not a walk-in clinic or in-person referral site

www.ohsu.edu/opalk
**G6: OPAL-K Medication Treatment Algorithm For Depression**

1. **Premedication Stage**
   - Diagnostic evaluation and parent education regarding non-medical and medication treatments
   - Meds not indicated
     - Use non-medical interventions (refer to Treatment Table)
   - Meds are indicated

2. **Med-Trial 1**
   - Serotonin reuptake inhibitor (SSRI): Generic SSRIs FDA approved for use in children include: fluoxetine (Prozac) and sertraline (Zoloft). Would choose these over escitalopram (Lexapro), which is not generic and costs much more (see med table)
   - Meds work
     - Continue treatment regimen
   - Meds don’t work/not tolerated

3. **Med-Trial 2**
   - SSRI #2: If first SSRI is ineffective, a second SSRI trial is indicated. Antidepressant trials should usually be at least 2 months long (at therapeutic dose) before declaring that the medication is ineffective.
   - Meds work
     - Continue treatment regimen
   - Meds don’t work/not tolerated

4. **Consult with OPAL-K child psychiatrist about combo Rx**

5. **Med-Trial 3**
   - Combo therapy: With OPAL-K child psychiatrist, consider using SSRI with atypical antipsychotic, SSRI with SNR, SSRI with Lithium, SSRI and stimulant, SSRI and thyroid, or different antidepressant with Lithium, antipsychotic, thyroid, or stimulant
   - Meds work
     - Continue treatment regimen
Case History - emerging psychosis

- 14 year old with previous dx of autism reports hearing disturbing voices that tell her to self harm and strike out at others after worsening academic performance when entering high school
- Reports seeing disturbing images that she may act out
- Lives with mother and 2 sisters, additional support from grandmother
- Father died of cardiomyopathy age 35
EASA-Early Assessment and Support Alliance

- Information and support to young people who are experiencing the symptoms of psychosis for the first time
- A transitional program, serving people for up to 2 years
- 5 phases- assessment and stabilization, adaptation, consolidation, transition and post graduation
- Local and national resources for families and professionals
Case History-Chronic Pain

- 20 year old with history of chronic pain, sexual abuse
- Asks for pain meds every visit, chronic use of MJ
- Father died of drug overdose, mother also with drug dependence
- Employed and caring for teenage brother
Quest W.I.S.H program (Wellness, Integrity and Sustainable Health)

- Quest center for integrative health in Multnomah and Washington counties-founded 1989 for pts with HIV but now serve anyone with chronic pain.
- Acupuncture, yoga, mental health, peer support and substance abuse treatment
- Call 503-238-5203 to speak with coordinator or info@questcenter.org
- Accept many health care plans including CareOregon and FamilyCare
Thank You!