



ENGAGING WITH YOUTH

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TYLER AT 15 YEARS OF AGE

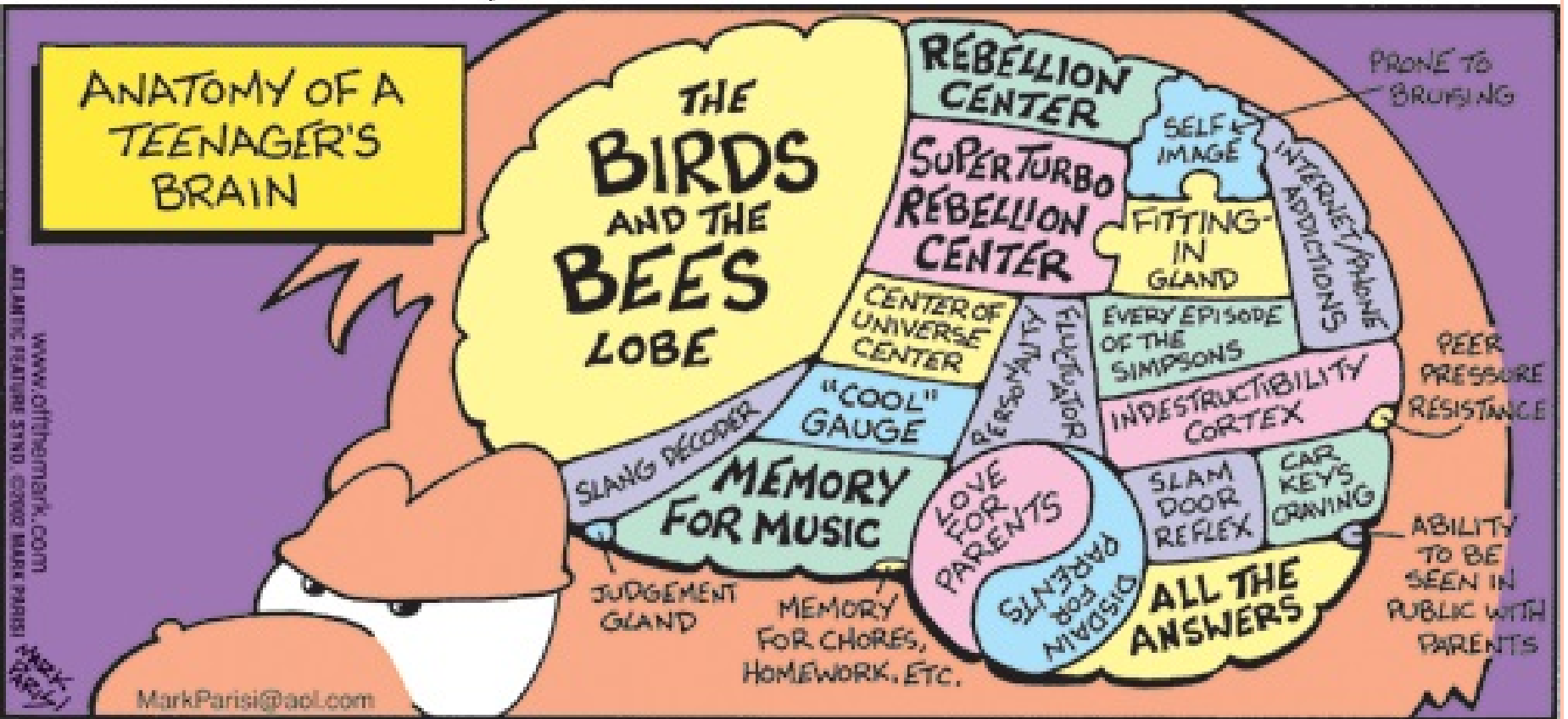


The Adolescent Brain

off the mark

by Mark Parisi

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SCREENING ADOLESCENTS FOR MENTAL HEALTH ISSUES

“I’d like to ask you a few questions about your wellbeing, your thoughts and moods- would that be ok with you?”

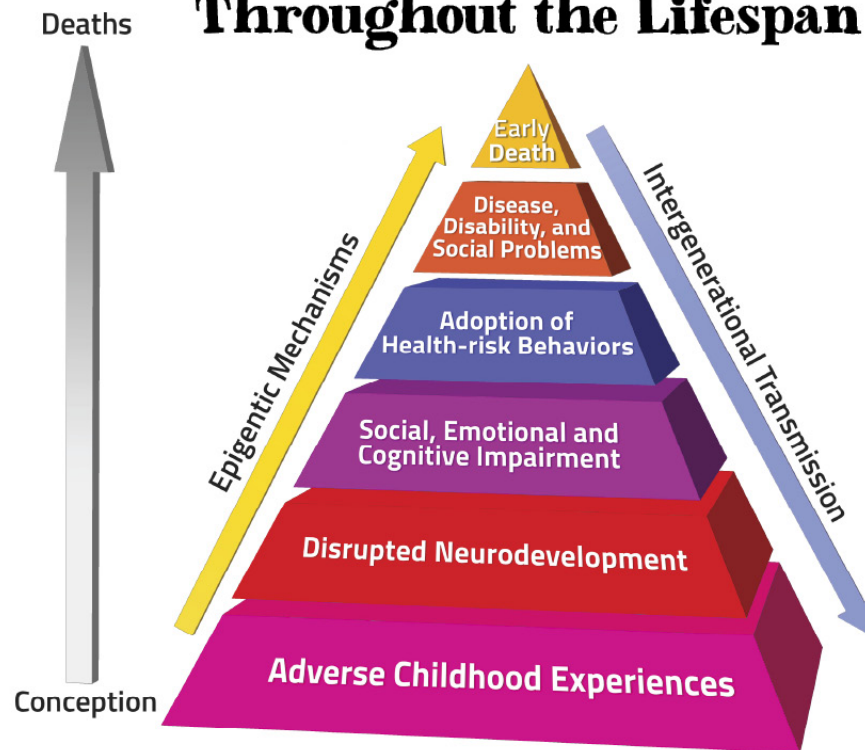
Ask about:

- Anxiety
- Mood
- Psychosis, pre-psychosis symptoms
- Use of alcohol or substances to self treat symptoms



EFFECTS OF EARLY LIFE ADVERSITY

Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



Slide Courtesy of Rob Anda, MD, MS



TRAUMA INFORMED CARE

Knowing what adversities were in a youth's past can help us anticipate the difficulties they will encounter in life.

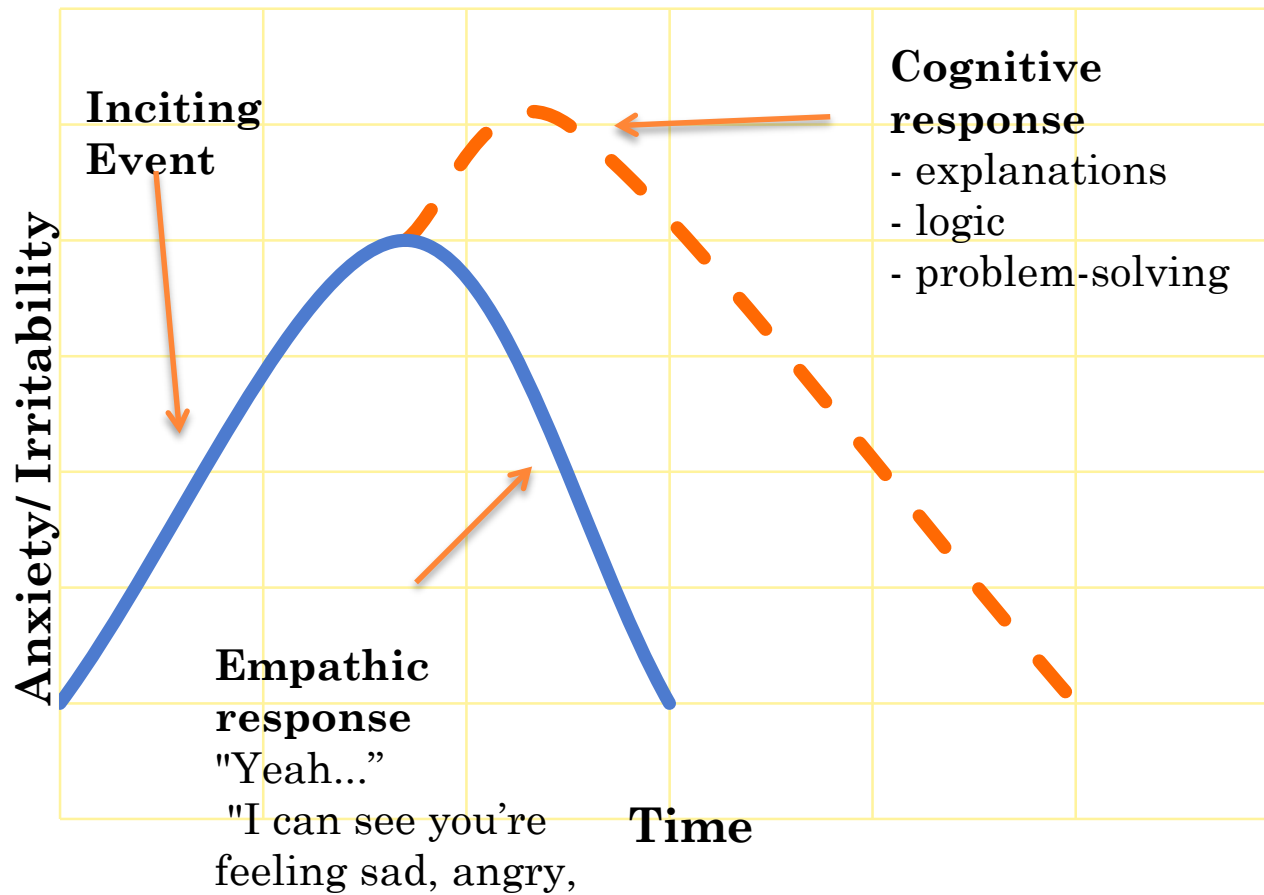


THE ROLE OF THE FAMILY PHYSICIAN

1. The best predictor of effective MHSU care: the quality of trust and respect in the relationship between patient and physician
2. Don't always need a defined psychotherapeutic modality.
3. Step 1 is EMPATHY. Without empathy and developing some rapport there is no therapeutic foundation to build on.



EMPATHIC RESPONSE CURVE



CONNECTING WITH YOUTH

- Step 1: Practice open minded non emotional acceptance of who they are and where they are at. Don't get overwhelmed.
- Step 2: Building rapport is the first priority
 - Empathic response
 - No solutions, no up front treatment plans, no quick fixes
 - Convey that you are trying to understand who they are
 - Give them your commitment
- Step 3: Help them prioritize and own their agenda



CAN YOU HELP?

1. See the big picture
2. Quarterback their care
3. Be a stable relationship in their life...be unconditionally on their side



YOUTH FRIENDLY ENVIRONMENT:

- Allow flexibility with appointments, consider Drop in
- Understand the challenges
- Educate yourself and staff
- Communicate with youth in a POSITIVE way
- Clarify confidentiality

“My door is always open for you”



WHAT IS SBIRT?

- Universal Screening
- Brief Intervention
- Referral to Treatment



MAKING SCREENING EASIER



- Pre-printed questionnaires in the waiting room or handed out to any patients under 25 years
- Put screening tools on your desk top or in your EMR progress notes



SCREENING: CRAFFT

Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

Do you ever use alcohol or drugs while you are by yourself, **ALONE**?

Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

Do you ever **FORGET** things you did while using alcohol or drugs?

Have you gotten into **TROUBLE** while you were using alcohol or drugs?



H.E.A.D.S.S. - A PSYCHOSOCIAL INTERVIEW FOR ADOLESCENTS

Home & Environment

Education & Employment/ Eating & Exercise

Activities & Peer Relationships/Abuse

Drugs, Cigarettes and Alcohol

Sexuality

Suicide/ Safety



HARM REDUCTION

- 'Just say no' advice doesn't work
- Use youth's motivation(MI) and readiness approach
- Focus is on planning for safety
- Explore risks and protective factors
- Non Judgmental
- Open ended questions
- Address type, amount, frequency, method



BRIEF INTERVENTION: MOTIVATIONAL INTERVIEWING

- Express empathy
- Support self-efficacy
- Roll with resistance
- Develop discrepancy

“meet them where they’re at”



TYLER AT 17 YEARS OF AGE



GETTING UNSTUCK : 3 QUESTIONS

- What is it that troubles you most about your current health or situation?
- How do you feel about this?
- What do you think you could do about this?



TYLER'S RESPONSES:

- Tyler's worries:

That I'll end up in jail like my dad

That my mom will kick me out.

That I can't stop using drugs.

That my friends will think I'm weak because I cry.

That I'll kill somebody when I get mad.

- Tyler's feelings: angry and hopeless, the system sucks, I hate everyone, I wish I wasn't here.



BRIEF INTERVENTIONS: CO-CREATING AN EFFECTIVE CARE PLAN

- Create it together with the youth
- Keep it simple
- Small steps at a time
- Arrange follow up



A CARE PLAN INCLUDES:

- Patient strengths and supports (a good place to start) ‘What’s working for you now?’ ‘Who can you count onto help you out with this?’
- What if you aren’t better or feel worse?
- Who is this plan shared with?
- When is your next appointment?



WHAT NOT TO PUT ON A CARE PLAN

- DSMV language
- jargon
- pejorative or critical language
- Words that your patient doesn't understand
- Resources they cannot really access or get to or don't trust



PLAN FOR SMALL STEPS, OVER TIME

Tyler's Care plan for this visit:

- I will play basketball on Friday nights and commit to being sober to do this
- I will talk to my Mom about “what is expected of me” to live in the house
- If things worsen I will call my friend for support
- I agree to follow up with my FP next week to “check in”



YOU WILL SEE YOUTH WITH MH AND SUBSTANCE USE DISORDERS

- Plan ahead
- Your non judgmental relationship will help develop trust
- Listen deeply to their story, and listen carefully for their strengths
- Understand the impact of attachment and developmental issues
- Understand the impact of trauma
- Use screening questions and assessment tools with permission
- Know your community services and resources

