

CHILD & ADOLESCENT PSYCHIATRY PORTAL

CAPP Line: 1-800-253-2103 | capp.ucsf.edu

Spring 2021

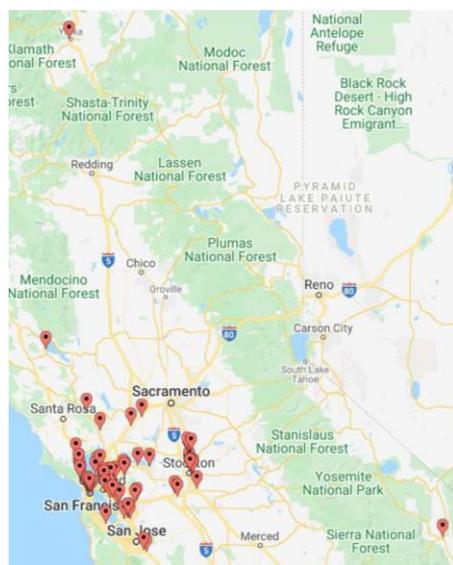
In this issue:

- Welcome New Practices
- Coming Soon: CAPP Project ECHO
- YoSUP Webinar on Cannabis Use in Youth
- Satisfaction Survey
- Consultation: A teen who is reluctant to engage

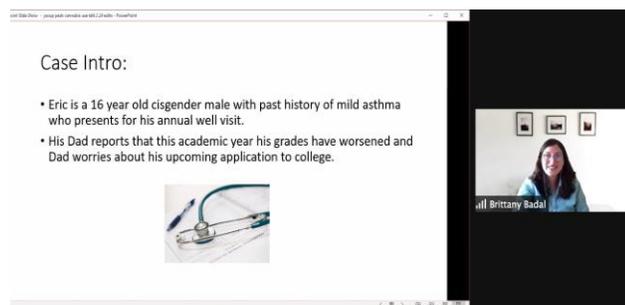
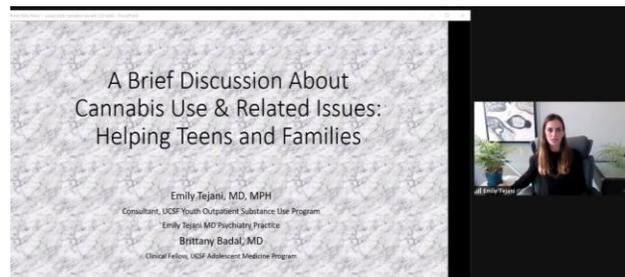
Happy 2021 and happy spring! It's hard to believe that March has arrived, which means that we will (soon) have been sheltering-in-place for an entire year. In February, our nation celebrated Black History Month, an important month both to commemorate the historical events and significance of African diaspora in American history, and the ongoing work of our nation in the present day. At CAPP, we value diversity, equity and inclusivity at the core of our mission to improve the emotional well-being of all youth in California, regardless of background, ethnicity or race. We strive for stigma-free access to care for all, and we are proud to partner with you, in order to advance the health and well-being of all of California's children & families.

Welcome New Practices

We'd like to welcome the newly enrolled practices which have joined us in 2021: Harvest Pediatrics, Castro Valley Pediatrics, Community Medical Centers (with practices in Stockton, Tracy, Lodi, and beyond), Stanford Children's Health Bayside/Bridgeside (Alameda, Berkeley and Pinole practices) and Northern Inyo Associates Pediatrics.



Map of Practices Enrolled



Coming Soon: Child and Adolescent Psychiatry Portal Project ECHO

We are thrilled to announce that CAPP will be launching a Project ECHO-style pilot program. Project ECHO is a nationally-recognized model for peer tele-mentoring and increasing access to care for patients in underserved and rural areas. Project ECHO originated in 2003 at the University of New Mexico as a program to provide primary care providers with tools and knowledge on treating Hepatitis C in rural communities. Since then, the model has grown to over 46 states and internationally. We will be conducting a small pilot CAPP Project ECHO, facilitated by pediatrician Joan Jeung MD, MPH and featuring common topics such as treatment of anxiety, depression, disruptive behaviors, sleep, etc. After our initial pilot, we plan expand with additional times, in addition to our ongoing educational webinars.

Our Second Collaborative Learning Webinar on Cannabis Use

On February 26, in collaboration with the UCSF Youth Outpatient Substance Use Program, we hosted the webinar "A Brief Discussion on Cannabis Use and Related Issues: How to Help Teens and Families." Dr. Brittany Badal (adolescent medicine) and Dr. Emily Tejani (psychiatry) led a thoughtful and relevant discussion on the approach to treating youth with cannabis use disorders in the primary care setting.

You can watch a recording of the webinar [here](#).

CAPP Provider Satisfaction Surveys

Please be on the look-out for a Qualtrics survey email requesting your feedback for those providers who have utilized our telephone consultation service. We value your feedback and suggestions for improvement and growth. We look forward to hearing from you!

Help Me Help You: Treating an Anxious Teen with Resistance to Treatment

PCP: "This teenager has chronic anxiety, depression and insomnia but he is not motivated for treatment. What are the next steps?"

Kyle is a 17-year-old young man with a history of anxiety and insomnia that had worsened in the last few months. Kyle had not been sleeping well for last year (before shelter-in-place) and had frequent worry thoughts which he felt he couldn't control. He was referred for therapy and worked with a therapist weekly. The PCP discussed with Kyle regarding mindfulness and meditation techniques, but he says none of them helped. The PCP offered to start a SSRI, but Kyle didn't like the idea of medication. Kyle's anxiety worsened in the summer of 2020. He stopped therapy because "it wasn't helpful". He became very anxious about Zoom classes, tests, and was always worried about people judging or disliking him. He found it difficult to stay connected with friends. He denied substance use. The PCP was concerned about Kyle and referred him to child psychiatry. Three months later, Kyle returned to the PCP for a follow-up visit. Kyle saw the psychiatrist for 1 month and was started on Zoloft for anxiety and hydroxyzine for sleep. However, he didn't feel he "clicked" with the psychiatrist and decided to not take his medications and not continue. The PCP counseled him on the importance of using therapy, preferably CBT, along with antidepressant. Kyle said he is not interested in either and preferred to just "work on it myself", because "neither meds or therapy had helped at all, and they just made me feel worse."

Safety: No history of self-harm or harming others. Chronic, passive suicidal ideation with no plans which started in the beginning of 2020 and remains unchanged.

Specific Behaviors: Kyle became isolated, stopped participating in family activities, and stayed in his bedroom most of the time. He has been late to Zoom classes and his grades have dropped, and he no longer calls or texts his friends daily. He is more irritable and eats only 1 or 2 meals a day. He has difficulty falling asleep.

Setting: Home, School (remote learning), Social (with friends)

Scary Things: No known history of emotional, physical or sexual abuse. Kyle was adopted at birth. Stressors of parental arguments and a recent shooting in his neighborhood.

Screening/Services: Kyle worked with a therapist for about 6 months but decided to stop due to slow progress. Kyle saw a psychiatrist for 1 month and decided to not return because he didn't feel connected with the psychiatrist.

Given Kyle's reluctance to engage in specialized mental health treatment, his PCP utilized motivational interviewing techniques to discuss the treatment of Kyle's anxiety and depression. This included questions such as: "What is one thing you look forward to when you don't have worries, sadness or sleep problems anymore, say, in 3 months?" Motivational interviewing can help patients identify their goals, raise awareness of current problems, resolve ambivalence and choose the change they want.

Motivational Interviewing can help patients identify their goals and choose the change they want.

Clinical Pearls

- Motivational interviewing is a patient-centered communication technique to enhance the patient's motivation to change by exploring ambivalence and resolving barriers in a collaborative way. No manuals or workbooks are required to utilize this strategy. The strategy can be integrated into a routine follow-up visit, and applied to many topics, including contraceptive use, smoking cessation, healthy lifestyle to substance use and medication adherence.
- Steps of Motivational Interviewing:
 - **Assessing the Stage of Change:** Is the patient not interested in change, thinking of change, or ready to change? Sample questions: "Is there anything that you would like to change in the way you handle your worries? If not, why? If so, what would you like to change?" "What is one thing you look forward to when you don't have the current problem (anxiety, depression or insomnia) anymore, say, in 3 months?"
 - **Establishing rapport**
 - **Gathering information** (use the "OARS" technique): **Open-ended questions** "Can you tell me about your worries about the medications?"; **Affirmations** "You try so hard to finish homework everyday even when you are feeling worried and exhausted." **Reflective listening** "Let me know if I understand correctly. You have tried many things to feel better, but none of them had worked for you." **Summarizing** "It sounds like there are reasons why you don't want to start treatment again, but on the other hand it has been difficult to not have the energy and social life, that sometimes you aren't sure whether not trying therapy/medication again is the right decision."
 - **Eliciting self-motivational statements:** On a scale of 1 to 10 with 10 being very important, how important is it for you to sleep better and not feel as worried anymore? When the answered rating is below, ask the patient, "You said your level of interest was 5. What does a 5 mean to you?" or "I am curious why it is not a 4."
 - **Offering advice/Rolling with Resistance:** Ask what the patient knows already. Ask permission to provide education.
- In motivational interviewing, the clinician does not prescribe specific methods or techniques; instead, through understanding the patient, asking questions, listening and advising, the clinician supports self-efficacy and the patient is responsible for their own progress.