TREAT ME In-Person Session – June 22, 2023 Case Study Notes

**Questions for cases:**

* What else would you want to know?
* What might be helpful from exam?
* Would you use a UDS?
* How might you engage youth/family?
* What would you put in place before left the exam room?
* What type of follow up would you ensure?

**Case 1:  Dr. Reynolds, Facilitator**

*15-year-old female living in community with family member (grandmother) in rural setting. Had a ‘good childhood’. Two years of heroin is used most days. Tobacco use is current. Occasional use of other unspecified substances. High ASAM (addiction) score. PHQ 10, denies depression. No school attendance 2 years. Failed self-motivated attempts in abstinence. Grandmother reached out for help.*

Additional Information Requested:

* Social history questions
* Medical history
* Trauma history
* How is the child doing in school?
* Is there a history of sexual abuse?
* Is the individual having withdrawal symptoms?

Exam:

* Drug screen – Ask the patient “What will this show?”
* Focus on identifying barriers – assessing lack of access.

Tell the patient: “There is help, and we can help if desired”!

Next steps:

* Care coordinators- [CARE COORDINATION ME](https://www.maine.gov/dhhs/mecdc/population-health/mch/cshn/care-coordination/families.html)
* Provide resources outside of the office.
* Identifying and supplying community resources

<https://truthinitiative.org/thisisquitting>

<https://vapefreemaine.com/>

<https://getmainenaloxone.org/>

***Case 2: Dr. Hinckley, Facilitator***

*16-year-old male on house arrest for knife threat to peers at school. History of trauma in youth, witnessed trauma to mother. Lives at home which is unstable. Uses fentanyl (states he OD’d 2x), alcohol, cocaine, cannabis, tobacco.  Started alcohol at 12 with very heavy use and admits to frequent blackouts. Has not attended school for 2 years. Has diagnoses of ADD, depression, ODD mood disorder noted from previous inpatient stay. No current psychiatry meds. UDS (urine drug screen) showed cannabis and EtOH (alcohol).*

Additional Information Requested:

* Living situation
* Supports
* Trauma history

Exam:

* Use open-ended questions
* ACES, dry erase forms
* Assess safety concerns – overdose & blackouts in this patient
* Put a focus on the psych exam – avoid retraumatizing

Next Steps:

* Focus on safety and harm reduction
* Prescription naloxone
* Conversation with the patient about disclosure to parents – let him choose who tells them the situation
* Lab work
* Other psych issues – connect him with mental healthcare

[Maine Pediatric and Behavioral Health Partnership Program](https://www.bhpartnersforme.org/)

***Case 3:  Dr. McKinney, Facilitator***

***1****5-year-old male with 12 police altercations in less than a month - all when ‘high’. Uses cannabis, alcohol, tobacco, and ‘anything else’. Lives with his grandmother.  Mother has SUD. Never met father. Mental health includes depression, history suicide attempts, ODD, ADD. High ACE score from tumultuous childhood. On stimulant, clonidine (anxiety med), Lexapro (anti-depressant). States ‘I need to stop getting in trouble’.*

Additional Information Requested:

* A focus on the “why?” – Why is this individual here? What has changed in the last month?

Exam:

* “What do you need from us?”
  + Listen to his perspective

Next Steps:

* Push for admission to the hospital and develop care connections

[Regional Care Teams](https://placemattersmaine.org/regional-care-teams/.)

***Case 4: Dr. Hagler, Facilitator***

*14-year-old healthy male began vaping 2 years ago at a friend's birthday party and liked how it made him feel. He now vapes daily parents found out - he fought with them, they observed some trouble getting winded playing lacrosse; he uses a puff bar every 3 or 4 days and does not want to say how he gets them. Has tried to stop but notices he feels really anxious and crabby and does not sleep well, and then just really wants it back. Finally, he was worried about his breathing and asked his parents for more help.*

Additional Information Requested:

* Explore the patient’s motivation to quit – this kid is an athlete
* Was nicotine helping his anxiety?

Next Steps:

* Nicotine patches

QuitLink 1-800 QuitNow

* [Maine Quitlink](https://mainequitlink.com/)
* <https://truthinitiative.org/thisisquitting>
* <https://vapefreemaine.com/>

***Case 5: Dr. Samuels, Facilitator***

*17 years old, just shy of 18th birthday, vaping since the age of 14, using combustible cigarettes as well, and marijuana use several times a day. Presents to the ER with increasing cough and weight loss.  Oxygen saturation 94%, respiratory rate 24. Exam revealed no fever with expiratory wheeze bilaterally. Chest x ray did not show pneumonia. Treated with steroid inhaler and albuterol and zpack (antibiotic). Returns to ER 3 days later with persistent cough fatigue. Slightly improved exam;  O2sat 96%. Looks tired but breathing more comfortably.  At this visit, admits to using molly (ecstasy) regularly on weekends with friends for several months and oxy 2-3 times a week. Has a diagnosis of OCD, Depression.  Has been on fluoxetine (prozac)  60mg and worked with psychiatry in the past  and has been working with a counselor. Parents do not know about any substances although they suspect cigarettes and marijuana.*

Additional Information Requested:

* Understand WHY the patient came to be seen
* Home, school, and social history

Exam:

* Medical exam but put a major focus on the psych exam
* Questions we want to know:
  + Why is the patient no longer seeing a counselor?
  + Why was the patient originally seeing a counselor?
  + Was the counseling mandated?
  + Is there a history of substance use?
  + Does the patient have any suicidal ideation?
* Use motivational interviewing
* Ask the patient what she wants her parents to know

Plan:

* Harm reduction
* Education about medications
* Offer community resources – is there a peer to peer program available in the area?

[Youth Peer Support Statewide Network | Maine Behavioral Healthcare | Maine (mainehealth.org)](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mainehealth.org%2FMaine-Behavioral-Healthcare%2FServices%2FCounseling-Therapy-Services-Adult-Child%2FPeer-Support%2FYouth-Peer-Support-Statewide-Network&data=05%7C01%7CAdrienne.W.Carmack%40maine.gov%7Cbf37aa37ea564009cc9f08db1409d803%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C638125805433370048%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=bDcHEDTddCPKHvB%2FTXic538kU1HkIGH3iVObyG7e3y0%3D&reserved=0)

<https://knowyouroptions.me/>

***Case 6: Dr. Aalberg, Facilitator***

*18-year-old with probate restrictions and loss license due to OUI.  History of abuse at hands of father / contentious divorce of parents in past. Graduated high school. Has ADHD without medication. Family working with the court system to address OUI.  Mother wants him seen and evaluated. Now on Wellbutrin for depression and using marijuana intermittently. Very supportive relationship with mother. Has been accepted to college plans on being a game warden has stopped using alcohol.  Client wishes help so he can achieve goals.*

Additional Information Requested:

* Trauma history
* Court details
* Resiliency Factor – there are many motivational factors in place

Plan:

* Focus on social/psych
* Screen for other substances
* Counseling
* Case management involvement
* Schedule a follow-up appointment
* [Partnership to End Addiction](https://drugfree.org/?utm_term=partnership%20to%20end%20addiction&utm_campaign=Brand%20Terms&utm_source=adwords&utm_medium=ppc&hsa_acc=4449235478&hsa_cam=791411278&hsa_grp=107059652284&hsa_ad=452234065896&hsa_src=g&hsa_tgt=kwd-1159375602661&hsa_kw=partnership%20to%20end%20addiction&hsa_mt=b&hsa_net=adwords&hsa_ver=3&gad=1&gclid=Cj0KCQjw4NujBhC5ARIsAF4Iv6eBYIAMOrvVWDnX0ylKvSuXBWve7yFHfQcQK6YpvJZEs-Nd3N_xuaEaAg-vEALw_wcB)

***Case 7****:* ***Mr. MacLean, Facilitator***

*17-year-old, regularly using heroin and marijuana. Lives in rural Maine. Parents are unaware. Comes to emergency department for evaluation and possibly to start buprenorphine, discussion about getting help before being admitted to a residential treatment facility. Hospital refuses treatment without parental consent.*

Discussion was focused on administrative/legal

Things to think about:

* Care without parental consent in emergency setting
* Risk factor very high to not treat
* Talk to child about getting the parents involved
* Question age vs maturity
  + 17 years old – is this child equipped for consent?

TREAT ME BLOCK ONE