

Southern Metro Division of GP October 31 , 2006 Module 2-3

Docton I've
got a feeling.



You poor
thing, tell
me all
about it.



It's a little
pang of lonely
sorrow. Do you
think it's a
personality
disorder? Can
it be painlessly
removed?



	MODULE 1	MODULE 2	MODULE 3
SKILLS: THEME↓	INTERVIEWING	ASSESSMENT	PLAN/REVIEW
ANXIETY			
DEPRESSION			
DRUGS			
BEHAVIOUR PROBLEMS			

	MODULE 1	MODULE 2	MODULE 3
SKILLS:	INTERVIEWING	ASSESSMENT	PLAN/REVIEW
	Listening vs Listing	What's wrong with her vs What's bugging her	How can I help him recover vs How can I treat him
	Look for the 'A ha!'	Predicament rather than diagnosis	Building on strengths

Case Study

- **15 yo girl, previously unknown to you, presents to your surgery saying:
‘I feel like I can’t go on’**

Risks & obligations

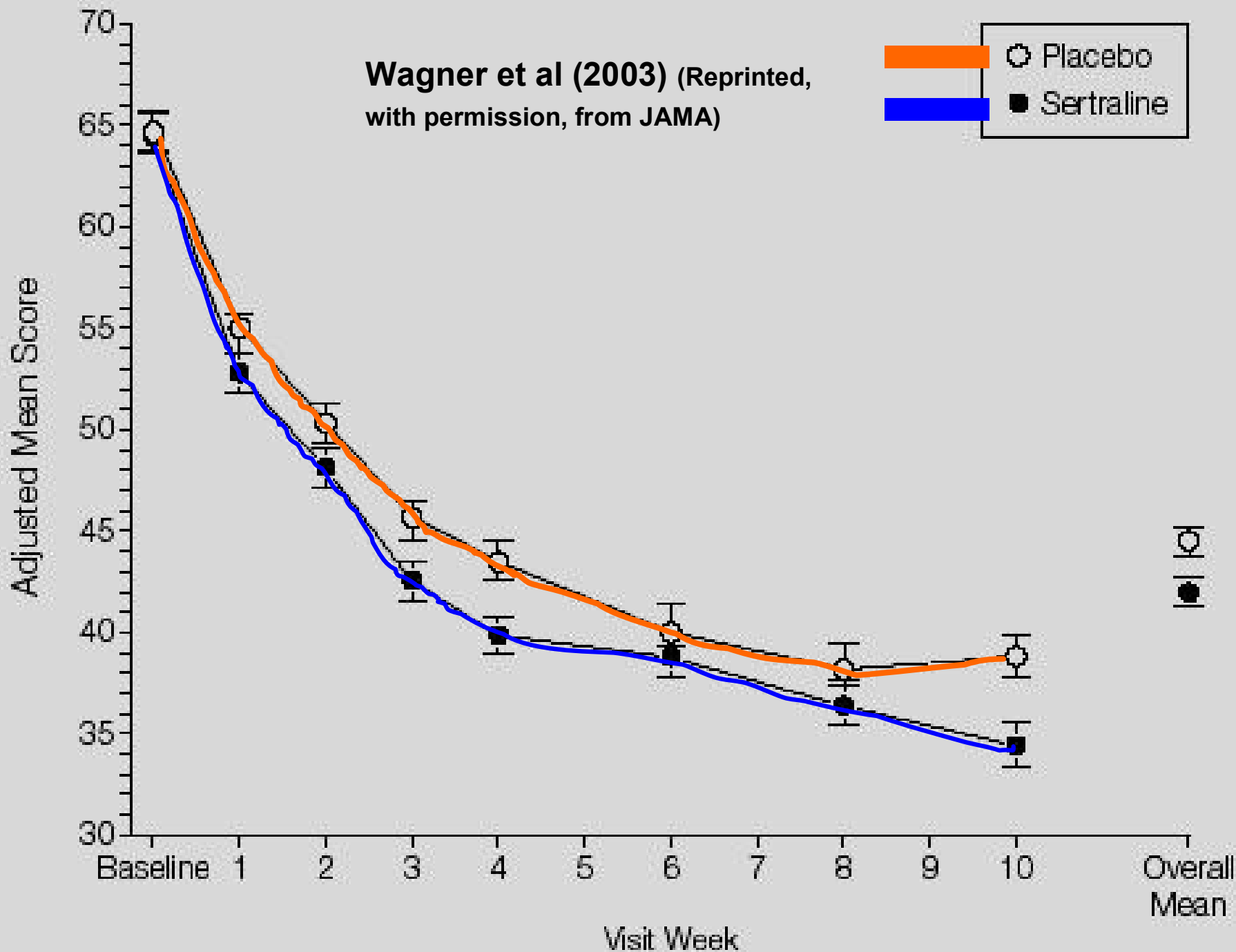
- **Assessing Risk**
- **No-Suicide Contracts**
 - Not worth the paper they are written on
- **Mandatory notification**
- **Consent/assent**
- **Confidentiality**

How can I **treat** this patient?

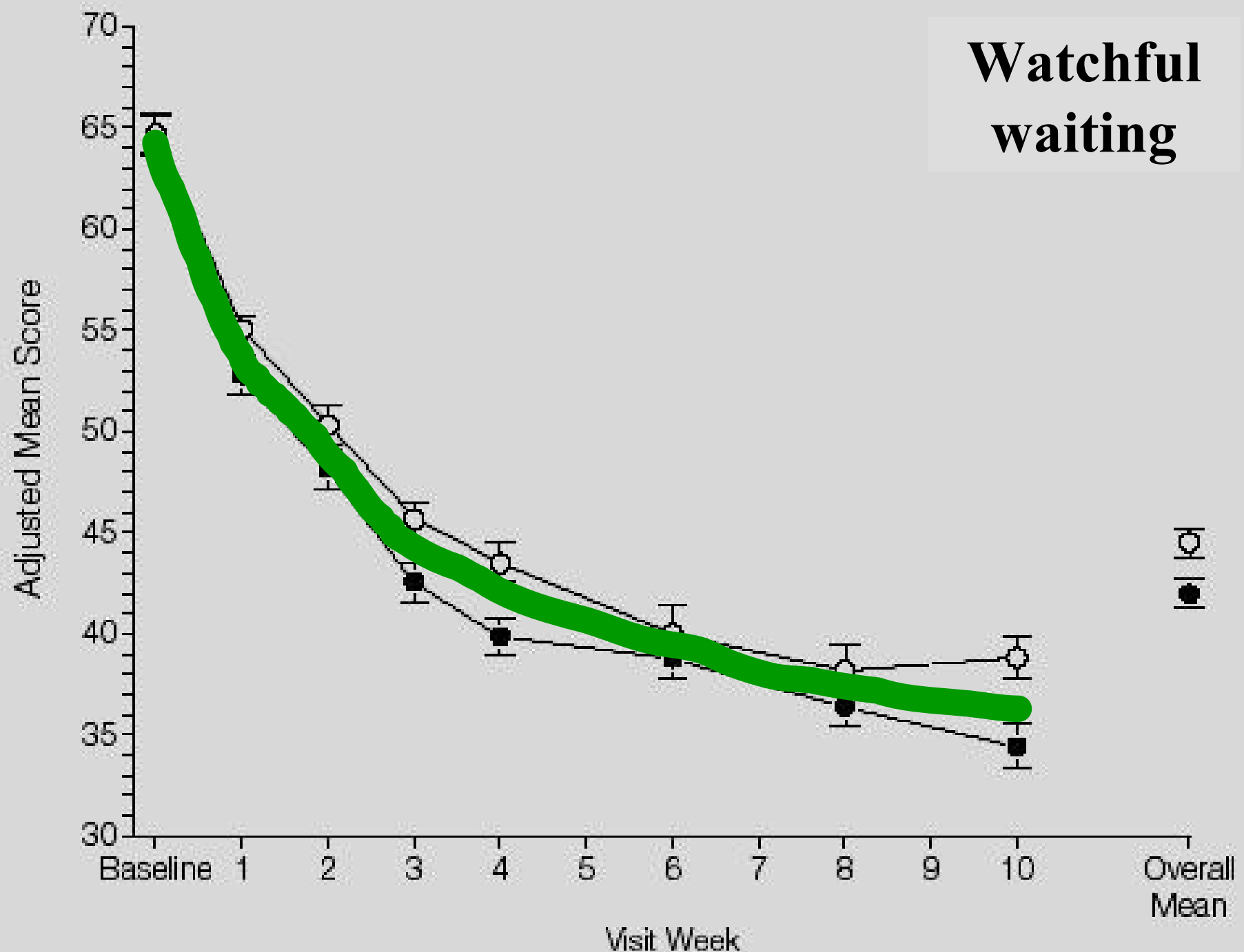
VS

How can I help this patient to
recover?

Wagner et al (2003) (Reprinted,
with permission, from JAMA)



Watchful waiting



- **From paroxetine research manual for doctors:**

“Open-ended inquiry into or discussion of interpersonal relationships is to be especially avoided.”

‘Back on track’

Step 1:

- **Exclude** acute danger or trauma
 - suicidal
 - grief, abuse

**If present, these will need specific intervention
(eg, notification) or referral**

How do I know?

- 1. Why now**
- 2. Genogram/family tree**
- 3. Sequence**
- 4. Functioning**
- 5. System review**

System review

Take:

- **Alcohol & other drugs**
- **Panic/Anxiety**
- **Intrusive thoughts** – do you have many thoughts, impulses, or feelings that come to you when you don't want them to?
- **Self-harm** – has it got so bad that you have felt like hurting yourself?
- **Sleep**

‘Back on track’

Step 1:

- **Exclude** acute danger or trauma
 - suicidal
 - grief, abuse

If present, these will need specific intervention (eg, notification) or referral

- **Explain**
 - eg, “this is depression, most people get better in weeks, but it will be quicker if you work hard at it”

Back on track

Step 1: **Ex**clude and **Ex**plain

Step 1a: **Predicament**

Predicament

What is **wrong** with this patient?

VS

What is **bugging** this patient?

How do I know?

a. Why now

b. Genogram/family tree

c. Sequence

d. Functioning

e. System review

Back on track: Step 2

1. Exclude and explain

2. Back to work

How do I know?

- a. Why now
- b. Genogram/family tree
- c. Sequence
- d. Functioning**
- e. System review

Back on track: Step 3

1. Exclude and explain
2. Back to work

3. Neuro-vegetative rehabilitation

- Sleep
- Eating
- Drugs
- Exercise

Back on track: Step 4

- **Neuro-vegetative rehabilitation**
 - **Prescription, but not for a drug**

SLEEP HYGIENE



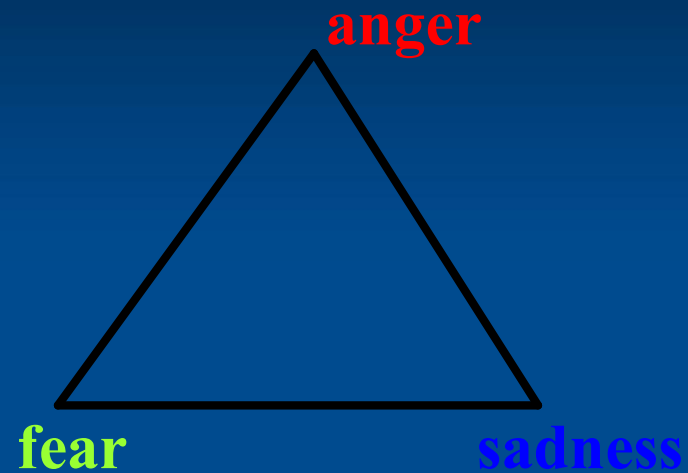
FOR ADOLESCENTS

Back on track: Step 5

1. Exclude and explain
2. Back to work
3. Neuro-vegetative rehabilitation
4. Feelings Good
 - Being **good at feelings** rather than expecting to always feel good

Feelings Good

- **Journal**
- **Confidante**



Antidotes to depression

- **Reflection**
- **Courage**
- **Humour**
- **Moral Action**

Visual Analogue Scale



Score = 4.5

Eating Disorders

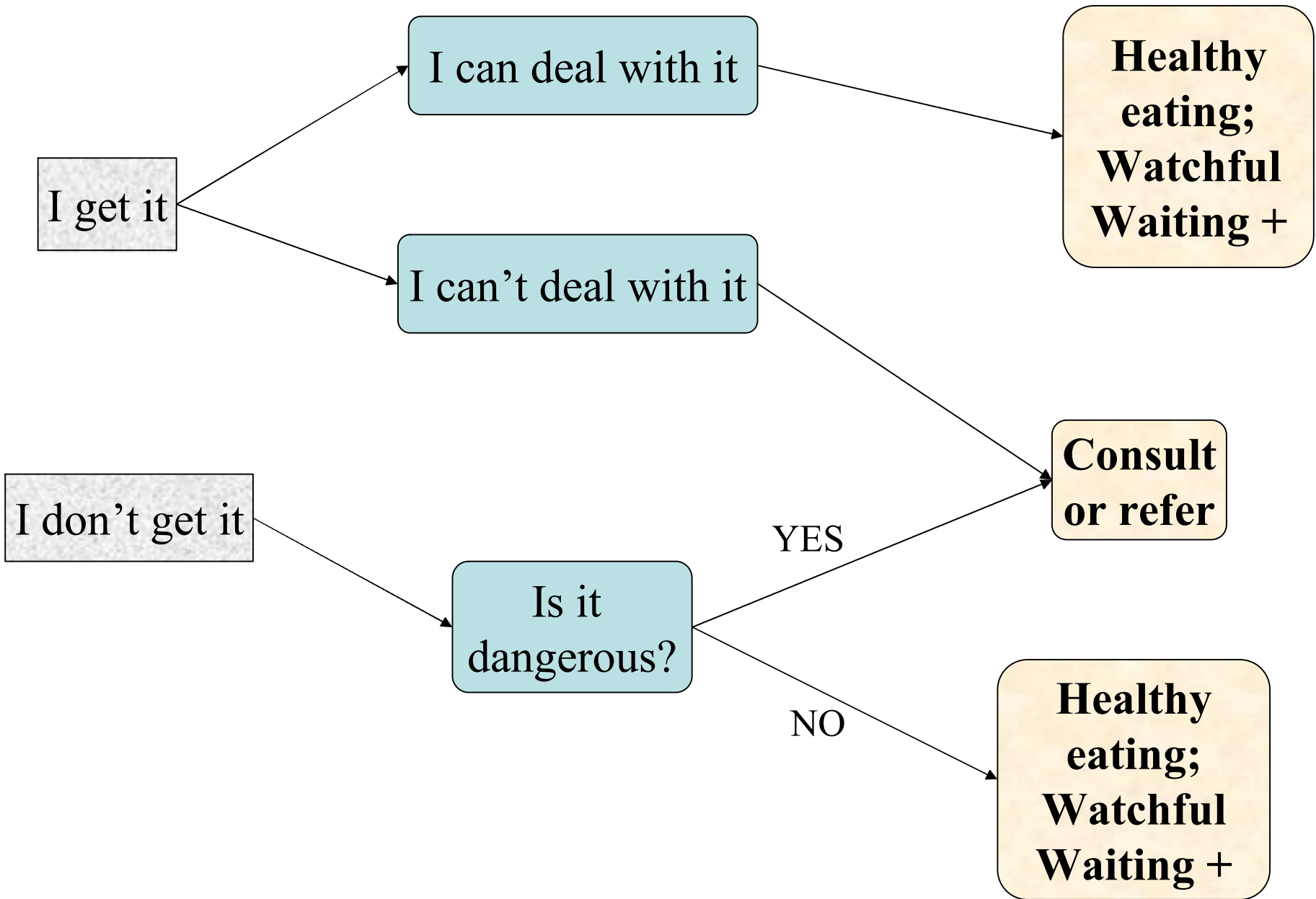
- **Not anorexic**
- **Not about dieting and being thin**
- **Not usefully thought of as willful**
- **No need for acknowledgment to precede intervention**

Back on track for eating disorders

1. Exclude and explain
2. Back to work
3. Neuro-vegetative rehabilitation
 - Sleep
 - Eating
 - Drugs
 - Exercise

Eating Disorders

- **Initial assessment**
 - Diet
 - Exercise
 - Menses
 - Tanner stage
 - BMI
- **Prescribe healthy eating with goal of good health rather than goal weight**
- **Do I get it?**



Step 1: Screening

- **Are you using to have fun or avoid pain?**
- **Is it making you unfit?**
 - physically
 - cognitively
 - emotionally
 - relationships
- **Is it getting you into trouble?**

Step 2: Confrontation

Advice from GPs is potent

- drink driving
- needle sharing
- safe friendships
- **Bring 'face to face' with the consequences, don't 'rub his nose in it'**

Step 3: Harm-minimisation

Shift from

- ideal to achievable
- health to safety

Homework: How do I know?

- a. Why now**
- b. Genogram/family tree**
- c. Sequence**
- d. System review**
- e. Functioning**

Case study

- **Present the case you brought along**
- **Work it up according to the 5 Step 'Back on track' approach**
 - 1. Exclude and explain**
 - 2. Back to work**
 - 3. Neuro-vegetative rehabilitation**
 - 4. Feelings Good**

The penicillin of Mental Health – Case Conferences

- Save time, money, and health, improve communication, and allow sensible allocation of tasks
 - **but seem impractical in a busy general practice**
 - **is there a way to use them?**

What is ADHD?

- **One way of making sense of children who are more than usually**
 - Impulsive
 - Active
 - Inattentive
- **Is there a better way to make sense of it?**

Behaviour problems

- Children's behaviour can be seen as a way of managing **arousal**
- Moderate arousal enhances functioning
- Sustained distress damages the brain
 - Over or under-responsiveness of arousal mechanisms (affect dysregulation)
 - increasing impulsivity and aggression

Behaviour problems

- **Ask 'what might this behaviour mean?'**
- **It is rarely 'just naughty' or an unexplained medical condition.**

Survey of Magical Abilities.

Can you:

- read minds?
- hypnotise yourself?
 - time travel?
 - tell the truth?

The child needs to be a magician

Magic:

using imagination to change things
in the real world

Auto-Hypnotist: Attention

Ability to

- inhibit a dominant response to
enable a sub-dominant response

Mind-reader: Mentalising

Ability to

- predict and understand other's behaviour in terms of thoughts and feelings.

Time-traveller: working memory

Ability to

- see that things will change with time

Telling the truth: Narrative

Ability to

- organise experience into meaningful (coherent, cohesive) reportable episodes.

ADHD – Diagnosis of Exclusion

- **Medical**
 - hearing, vision, malnourished
- **Cognitive**
 - learning, language disorder
- **Environmental**
 - parenting
 - abuse
 - school system issues

Talking about behaviour problems

- **Externalise**
 - ‘Itchy fingers’ ‘Sneaky poos’
- **‘Tell me about you and matches’**
 - (rather than ‘Why do you light fires?’)

What families might do differently (the 'plus' in watchful waiting +)

- **Family Outings**
- **Teach parents to teach their children to talk about feelings**
- **Reading to children**