

# Adelaide Western GP Network October 25, 2006: Module 3



Leunig

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

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

## Infants and parents

- **interventions with parents and infants that enhance sensitivity are more likely to be helpful, eg**
  - interactional guidance,
  - improving a mothers depression so that she can respond,
  - giving her a better understanding of infant cues

## Secure base

### Source of:

- Comfort/soothing
- Support for exploration

8 month old in pain

**Mothers who soothe most effectively post injection:  
reflect back the infant's emotion, but in a special way**

**Fonagy & Steele, 1995**

- **cf distraction**
  - **infant has no control**

## Parenting

- **The quality of parenting is affected by**
  - environmental factors
  - characteristics of the child him/herself.
- Social welfare agencies are good at **environmental factors**
- We doctors are good at **factors within the child.**
  - Our interventions often make the child easier to parent, by
    - treating illness or minimising disability,
    - management of motor dysfunction, language disorder or handwriting skills.

**But more important than either is..**

**The parents' capacity to give priority to the child's needs, both emotional and physical.**

**This requires that a parent is-**

- able to accurately recognise the child's needs;**
- able to differentiate needs from wants;**
- Able to meet the child's needs rather than their own needs/wants when they conflict.**

## Parenting Capacity

**Sometimes there is a clear categorical inability to meet these requirements.**

- significant intellectual impairment,
  - alcohol dependence, or
  - acute mental illness
- **Impaired parents can *contribute* to the care of children, but they cannot take *primary* parenting responsibility.**

## Parenting Capacity

**More often, the task of evaluating parenting capacity is difficult.**

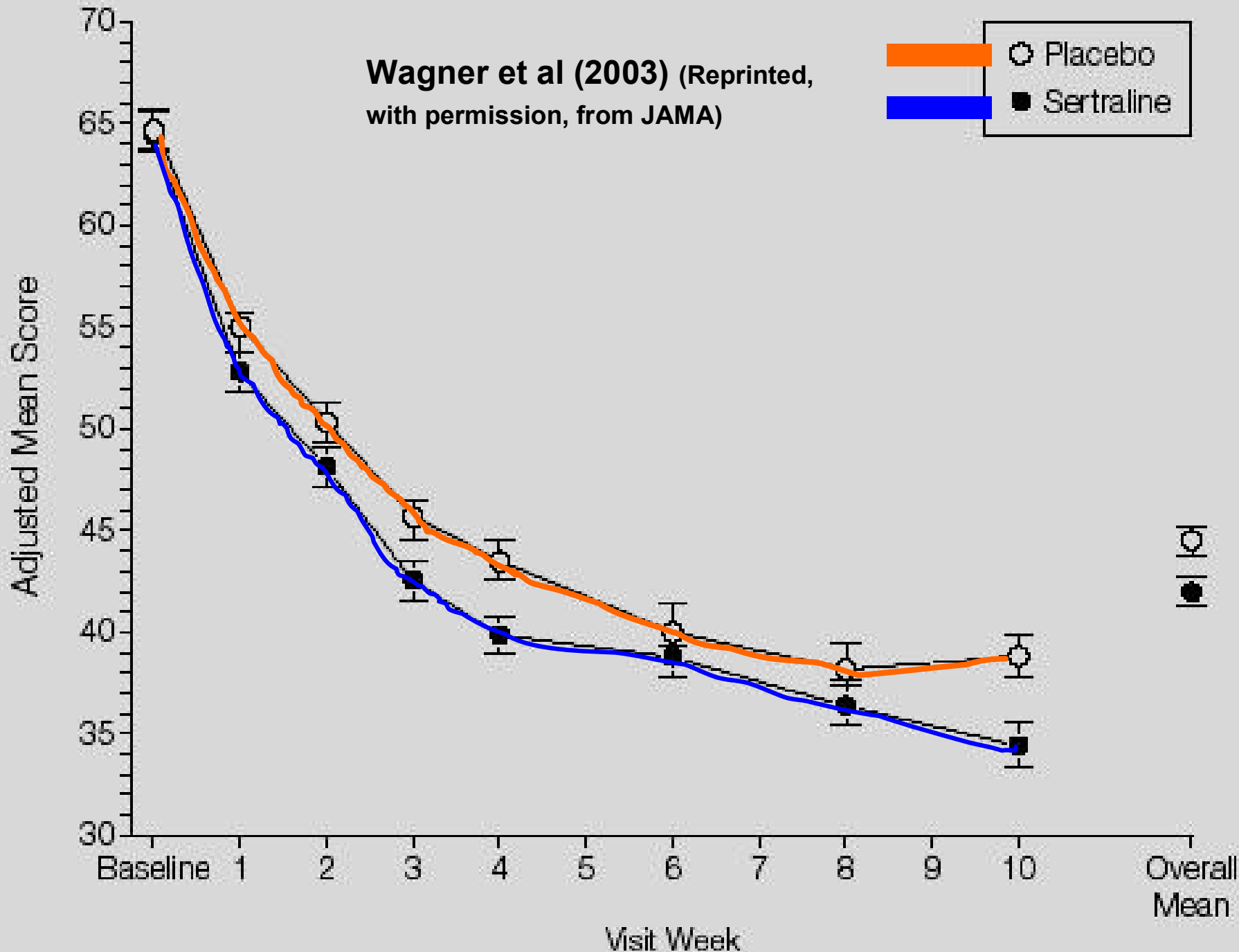
- **“Can this parent tell what this child needs, differentiate needs from wants, and give appropriate priority to identified needs?”**

How can I **treat** this patient?

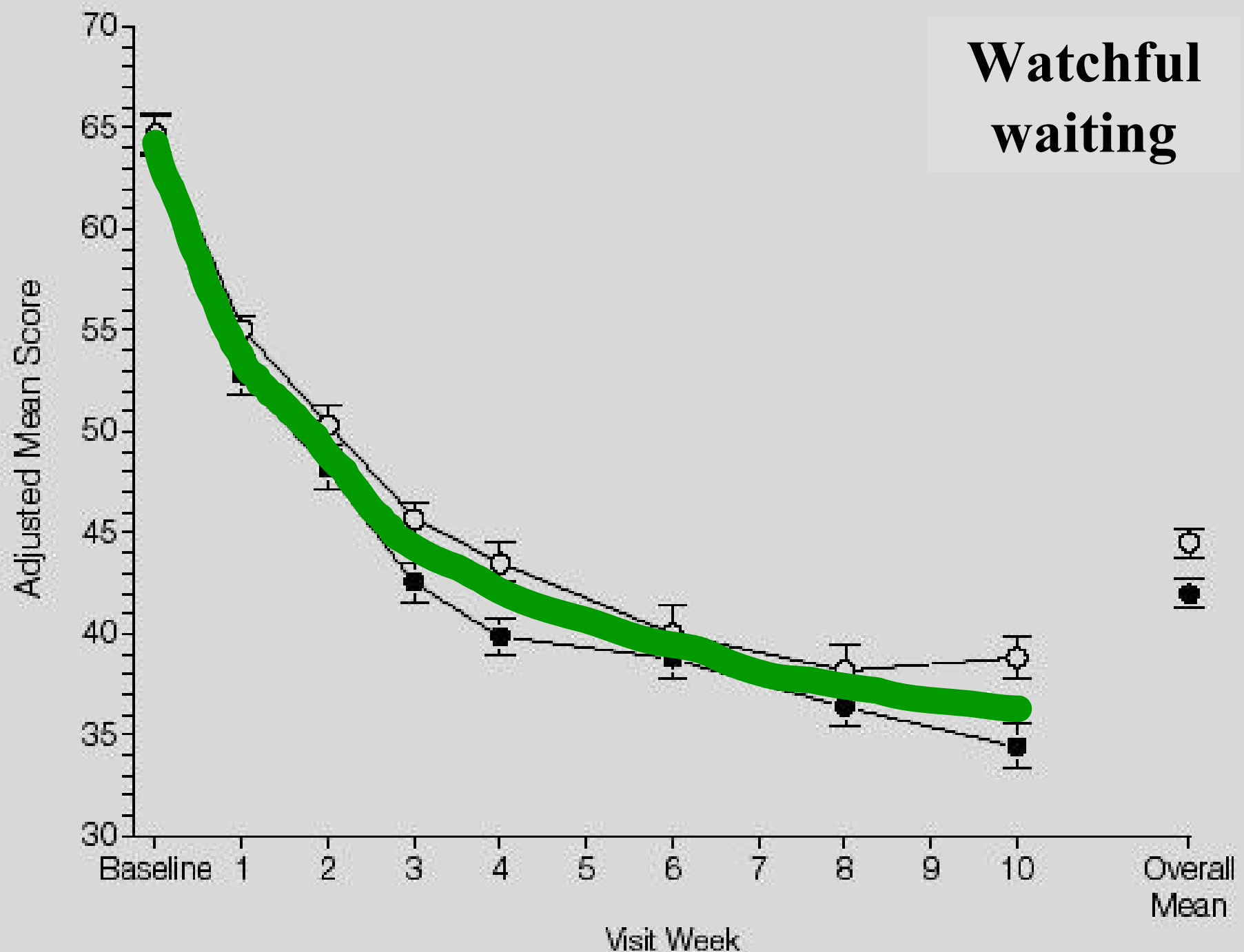
**VS**

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:

- **A**lcohol & other drugs
- **P**anic/Anxiety
- **I**ntrusive thoughts – do you have many thoughts, impulses, or feelings that come to you when you don't want them to?
- **S**elf-harm – has it got so bad that you have felt like hurting yourself?
- **S**leep

## ‘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**



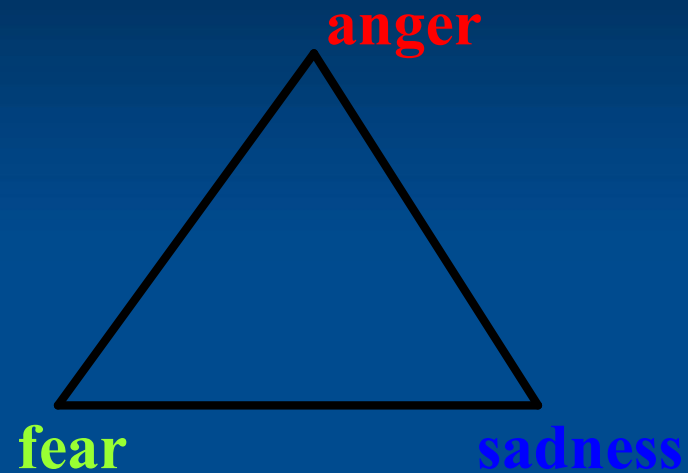
**FOR ADOLESCENTS**

## 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



**Worst I could  
possibly feel**

**Best I could  
possibly feel**

## Visual Analogue Scale



**Worst I could  
possibly feel**

**Best I could  
possibly feel**

## Visual Analogue Scale



Score = 4.5

## 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**

## Eating Disorders

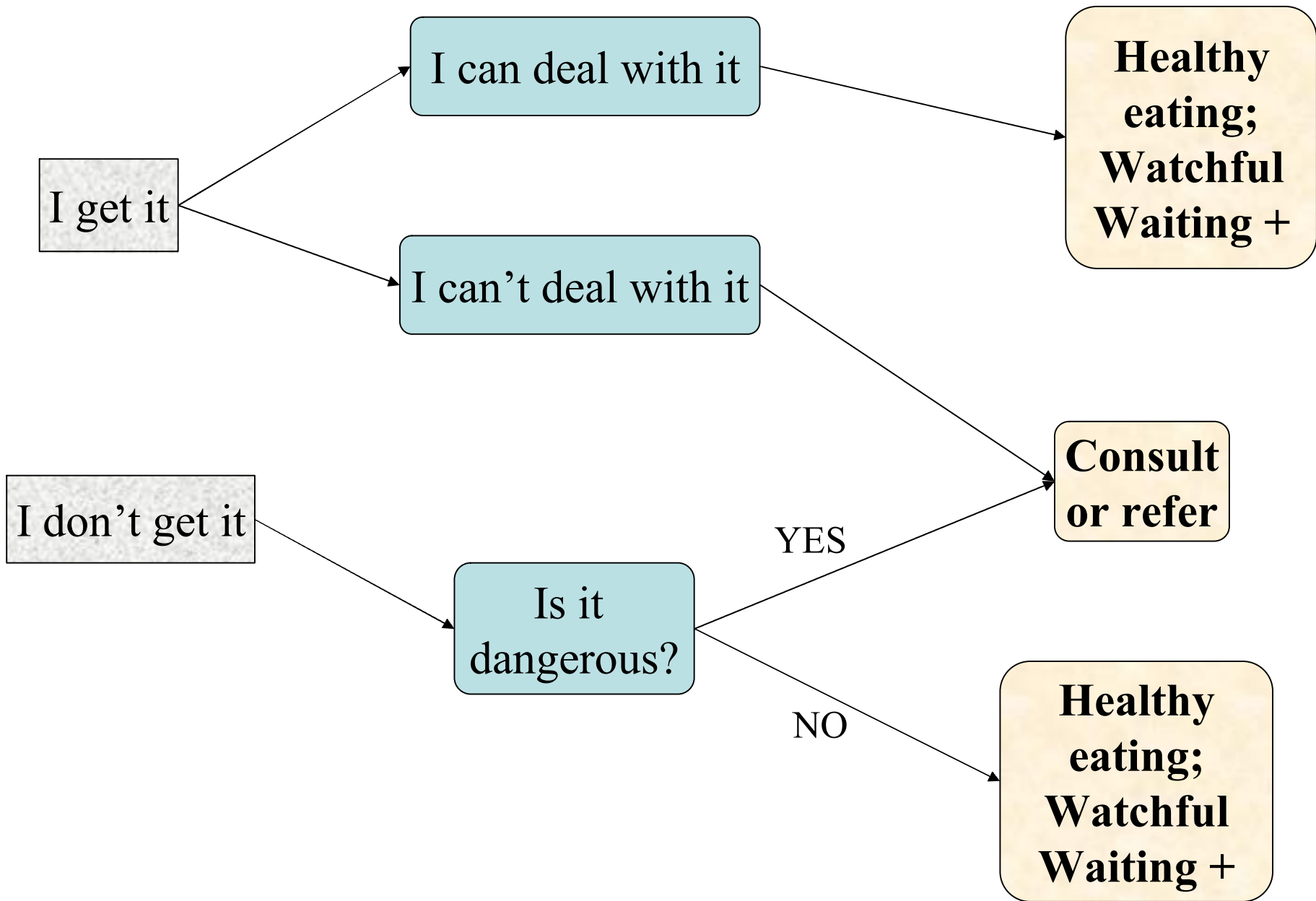
- **Not anorexic**
- **Not about dieting and being thin**
- **Not usefully thought of as willful**
- **No need for acknowledgment to precede intervention**

## 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?**



## Alcohol & other drugs

### Question from audience

- 'How to deal with the know it all adolescent who can't see any consequences of socially unacceptable behaviour eg drug use etc.'

## 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

## How do I know?

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

## **Back on track**

- 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?

Young people working with GPs to get  
Back-on-track  
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**