Pediatric Psychiatry ECHO®
Notes and Resource Sheet

Maine Pediatric & Behavioral Health Partnership

Project ECHO

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DIDACTIC PRESENTATION

Warm and Welcoming Spaces:
Trauma Informed Care for Primary Care Setting
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Recording | Presentation Slides

CASE SUMMARY

In summary, this is the case of an 18 yo homeless female, with major depressive disorder, generalized anxiety disorder, borderline personality disorder, a history of alcohol abuse, and a very recent trip to the ED after ingesting an unknown substance, possibly propranolol, due to heightened anxiety. The incident caused her to be kicked out of the shelter where she had been residing. Unable to reach her current psychiatric team, and being previously unknown to the provider, she presented herself to the office for medication changes, due to escalating anxiety and insomnia, a day after being discharged from the ED.

KEY QUESTION(S)

- How to transition patients under psychiatric care to more acute management?
- What resources are there for young adults facing behavioral health challenges without good supports in place?
- What are best practices for transitions of care for minors approaching their 18th birthday?

CLARIFYING QUESTIONS

Has patient had any psychiatric hospital admissions from a suicide attempt or ideations?	*None that provider is aware of. Has engaged in self-harm behavior, but no suicide attempts.*
Who made the diagnosis of borderline personality disorder?	*Previous provider.*
Where is patient living?	*County shelter at the time of discharge. At time of seeing provider, she was living in car.*
Has patient completed high school?	*Has not completed high school..*
Are you able to communicate directly with her psychiatric provider?	*Patient's previous provider was in a transition period of leaving the organization and patient reported that she has not heard from the organization recently.*
Did you get a sense the patient was ready to commit to any form of longer-term treatment such as DBT?	*Last time provider met with patient she was concerned about housing and if the patient had a safe place to sleep. Attempted to connect patient to crisis in office and patient rejected. Patient did connect with a crisis worker on her own after the appointment.*
Does she have case management?	*Patients case manager was assigned by the shelter. Patient was unsure if case manager relationship would be cut off after leaving the shelter.*
How long would the shelter exclude her?	*Provider is unsure.*
Was she ever in foster care?	*Provider has never been made aware if patient has ever been in someone else's custody other than mother and adult homeless shelter.*

KEY RECOMMENDATIONS

Case Management: It is helpful to refer to a case manager who you have good communication with and can work together for care.

- Some case management centers have drop-in community hours like CCMaine: https://www.ccmaine.org/behavioral-health-adults/community-support-case-management

Systems of Care: At age 18 patients can access both adult and children's systems. Children systems do offer transitional services for youths.

- A homeless youth is a person under the age of 21 who lacks having a fixed, regular and adequate nighttime residence: https://www.maine.gov/dhhs/ocfs/support-for-families/childrens-behavioral-health/services/youth-homeless-services
- The transition from child and youth services to adult services is a critical time in the lives of the young people served by community and State agencies: https://www.maine.gov/dhhs/ocfs/support-for-families/childrens-behavioral-health/transition-to-adult-services
- 211 https://211maine.org/ can be challenging. Perhaps someone within the practice can sit with patient and walk them through these challenges. Hand holding would be useful.

Prioritization: This case is being handled very well, focused on the high priority items first. It is unfortunate that the shelter handled the case the way they did. Being a present and caring provider with trauma informed care is already a very good support for this patient.

- Schedule frequent check ins with patient to establish support without fear of abandonment and to stay on top of ongoing care needed.

Medication: Challenges with this case seems to be diagnosis, not medication. First step would be establishing a relationship and knowing the patient.

- Medications can be used to address current symptoms while waiting for care.
- If patient is in good health Prazosin is good for nightmares and can help sleep.
- Consider affordability, supply amount, risk of OD when it comes to prescribing medication.
- Look at GoodRx as another option for prescribing lower cost medications.

You may always reach out for a consult through the MPBHP access line 1-833-672-4711.

Additional Resources on Trauma Informed Care

- https://www.aap.org/en/patient-care/trauma-informed-care/professional-tools-resources/
- https://www.aap.org/en/patient-care/trauma-informed-care/