School Based Behavioral Health ECHO®

Session 3 Notes and Resource Sheet

Maine Pediatric & Behavioral Health Partnership

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DIDACTIC PRESENTATION

Counseling on Access to Lethal Means Recording Presentation Slides

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CASE SUMMARY

In summary, it is the case of an 18yo male who is experiencing a major depressive episode, several personal losses, and is struggling academically. Chances of graduating are diminishing as attendance and follow-through have been lacking, even as school staff are rallying around him in support.

KEY QUESTION(S)

1. Lacking history and prior relationship, how do we create a safety plan we can be confident in?

2. What the key elements can we use to support his future goal/resiliency and help him proceed from a high school as a successful accomplishment?

CLARIFYING QUESTIONS

Who are his supports? Who is his support system, besides football coach?	He typically keeps to himself, but has a casual relationship with guidance, multiple coaches (assistants), older brother, a few friends. Parents are preoccupied with their own substance abuse issues.
What means of self-harm was he expressing?	To the coach he said “if I can’t play, I don’t want to live anymore”. Once he explored the question with David – he talked about guns and overdose as options. He did not have a plan in hand that he was willing to share.
He gave up using pot/alcohol. Was there a turning point that made him decide this? How committed is he?	More of a reactive thing that he did, yet this as a positive thing in his life to have stopped use. He seems to be “adolescent committed” to this, he reports he has seen what drugs and alcohol can do by watching family members.
One of the strengths of SBHC model is the collaboration between school and health services. Any work with others in the school?	He is rather new to guidance who introduced him to the school based health center, and the first time this counsellor had ever met. Principal was involved. Key teacher involved. The team helped him find coping strategies. Health center is where his doctor is as well, which allows for an integrated medical record for follow up.
It seems like everybody else has a lot of concerns about this student. What is the student reporting as a crisis? Does he have ideation? What is his own view?	He said that he had been thinking about it quite a while – ever since summer and the breakup of a girlfriend, so he threw himself into football. Denied a specific plan or access. Typically would be going to family, but at 18 this kid could block the strategy and did. Pushing for this could cause distress.
What other activities bring him joy/pleasure?	Since he does not have enough credit to graduate on time, what is the plan to help him catch up and gain credit, since this could be another trigger for him?

KEY RECOMMENDATIONS – School Completion

- Find a mentor that he can connect to for support and be a positive influence.
  - Provide regular check-ins, even when he is not at school.
  - Consider late morning starts, if this would be helpful to him.
  - Make sure he has transportation available.

- Take steps to address credit deficit.
  - Utilize Adult Ed.
  - Take advantage of any credit recovery programs available.
  - Look into possible undiagnosed learning disability and use of an IEP or 504.
  - Find a meaningful academic program to stay motivated, like hands-on learning.
  - Participate in a community based activity for school credits.

- Revisit the concept of playing a winter sport.
  - Connect him to other sports or coaches.
  - Collaborate with coaches ahead of time and set him up for success.
  - Consider role of team manager – keep sense of belonging and connectedness.
  - A full schedule can motivate recommitment to organizing time and accomplishing tasks. Sports would provide benefits in social, physical activity, and better sleep.

KEY RECOMMENDATIONS – Safety and Wellness

- This is an opportunity for re-peopling
  - Relationships are what stick.
  - Since this is a newer student, spend time validating, "Life can get down and we need to be able to access help."
  - Recruit student peers as support system.
  - Arrange for him to be a peer mentor and help others, if possible.
  - Work with the brother and explore if there are others in the extended family.

- Discuss safety plan that including access to lethal means
  - Safety planning is client led, so it doesn't require a lengthy, established relationship.
  - He probably has means/comfort level with guns, so discuss access to lethal means.
  - Consider getting crisis involved in collaborative safety planning.
  - Call it a wellness plan and do not share it with recruiter, or ruin his chance on the path.
  - Focus on reasons to live, normalize the feelings and encourage to talk about it openly.
  - Make sure he is comfortable seeking out counselors in the future.

https://www.mainepreventionstore.com/collections/mental-health/products/suicide-safety-planning-card

Applaud him for his resolve and build on his remarkable fortitude to avoid alcohol and other substances.

KEY RECOMMENDATIONS – Non-pharmacological Therapy

The armed services currently require candidates to be psychotropic-free for 18 months prior to enlistment. Consider non-medication interventions that may reduce symptoms of ADHD.

1: Fish oil supplement - 2 grams twice daily (keep it in the fridge so it tastes better).
2: Lots of exercise or work with heavy physical exertion.
3: Sleep hygiene.
4: OTC sleep interventions: diphenhydramine, melatonin (start at 3 mg), valerian, chamomile.
5: Dietary: avoid artificial food coloring, especially red and yellow.
6: Diet higher in fat and protein and lower in carbohydrates - for even, sustained energy and mood throughout the day.

If he decides not to go in the military, or even after he enlists, he could pursue pharmacological therapy with a psychiatrist.

Providers may consult about medication or connect with an adolescent psychiatrist by calling the Maine Pediatric & Behavioral Health Partnership Access Line to request a consultation: 1-833-672-4711