Pediatric Psychiatry ECHO®

Session 5 Notes and Resource Sheet

Maine Pediatric & Behavioral Health Partnership

Project ECHO

September 7, 2022

DIDACTIC PRESENTATION

"Self-injury and Suicide Management"
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Recording

Presentation Slides

CASE SUMMARY

We explored the complex case of an intelligent and creative 18yo caucasion female who was conceived via IVF/sperm donation, and whose medical history includes diagnosis of a generalized anxiety disorder at age 4, malaise and fatigue beginning at 13, at 14 with ASD and ADHD, and gender dysphoria of adolescence 14-16. She lives with her mom and 16yo sister. Since the children were young, mom has been separated from the legal father, ex-military with PTSD and a history of domestic violence. In addition to the trauma experience at home, she was sexually and physically assaulted by a male friend at age 15.

For the past five years, her persistent depressive disorder and self-harm has been managed by psychiatry and outpatient, during which time she has been returning to the PCP looking for a reason for her fatigue and hypersomnia. In addition, there has been a new onset of persistent self-harm, cutting by razor blade, which has resulted in an SI and ED crisis evaluation, 2 weeks in the hospital and PCP follow up. She returned on a bi-weekly basis with fresh cuts, leading the PCP to reach out to care team including psychiatrist and LCSW to discuss appropriate response and boundaries for cutting.

Key Questions:
1. What is the most appropriate response to patients with mental health conditions exhibiting self-harm, self-injurious behavior (NOT associated with SI)?

2. How to address anhedonia and fatigue in the setting of anx/dep? How aggressively to work up an organic etiology other than the mental health condition?

CLARIFYING QUESTIONS

How much of this was impacted by her ASD?	Overstimulation, difficulty coping, hard time describing internal state.
Did pt have a developmental pediatrician?	No
What was pt. looking for from the provider during these visits?	Not sure. Perhaps it was empathy and attention, but would that be enabling the behavior? Because the pt would say things like, "I have to be on my game." Could this be manipulation?
Was the patient's goal to stop the NSSI behavior or was she trying to seek a connection?	
When she went to the ED, was she suicidal?	Provider does not think so.
What is Transcranial Magnetic Simulation?	Same "family" as ECT where magnets are used in strategic locations. Gaining popularity as a treatment-resistant depression technique

Key Takeaway from SMEs

Do not take on blame or question the amount of time and caring for the patient. Far from being enabling, your care provided a safe person for the patient to interact with. She's trying to figure out who she is and where she belongs. On top of that she has significant trauma, and you were there for her.

Recommendations

ASD and Self Injurious Behaviors

- As a person with ASD, she likely has a hard time describing her internal state and emotions especially considering the past trauma of domestic violence and sexual assault.
- Self-injury may be a way for her to express her feelings; she was "talking through her behaviors."

Patient Supports

- Since the pt has been "lost to follow up," set up an appointment to check in. Based on the outcome, set up a weekly appointment to evaluate any self-injurious behavior AND to check in as a safe, caring person.
- Set up a meeting with the team (psychiatrist, social worker, PCP) to ensure everyone is in synch.
    - Provides the opportunity to look at the meds the pt is currently on and to determine if that is the best course of action.
    - If the meds don't seem to be working, perhaps it's the combination of her experiences and ASD. A team approach can offer multiple perspectives.

Clinical

- Look at fatigue as a way that the patient is dealing with being anxious and overwhelmed by trauma of domestic violence, chronic distress, etc., especially since all labs are coming back normal.
- When exploring different modes of therapy, it makes a difference to select a provider that is well versed.
    - EMDR and DBT were both suggested by our clinical directors.

RESOURCES

New AAP Toolkit: Suicide Prevention Campaign Toolkit (aap.org)
Please be aware of this relatively new resource that has zero suicide initiatives embedded within. It has a great depth of information on different approaches, prevention, and messaging. A wonderful toolkit and resource.

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Reach out for a consult through the MPBHP access line 1-833-672-4711.