

### DIDACTIC PRESENTATION

#### *“Cannabis and the Pediatric Population”*

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[Recording](#)

[Presentation Slides](#)

### CASE SUMMARY

We explored the complicated case of a 15yo young person that was assigned female at birth but identifies as male. He had been living with his mother for his entire life, but custody changed mid-2021, when DHS removed him and his sister from the home, due to abuse. The patient started with PCP in August 2022 for follow-up on meds for chronic depression. During September follow-up appointment, he reported frequent SI and a return to SIB. Meds were increased from 20 to 40 mgs of Fluoxetine for worsening symptoms of anxiety and depression while waiting for counseling.

### KEY QUESTION(S)

Would med adjustment/changes be helpful while awaiting psychiatric consult or would this increase risk of further destabilization?

What additional diagnostics screening/testing could be done in the primary care setting to help facilitate BH/psych treatment while awaiting services?

Any suggestions for navigating complex dynamic between pt and his father?

### KEY RECOMMENDATIONS: Provider/Family Relationship

- You are doing an amazing job establishing trust, creating a positive experience, and building a therapeutic environment for the patient and family. Your engagement may be the only reason they are willing to accept support.
  - Take the time during visits to validate the parents, “you are parenting kids that you haven’t had in your life,” “This is not easy,” “You are doing your best.”
  - Be aware of the language you use with the parents. If they are leery of “family therapy,” try approaching opportunities for services in another way.
  - If dad doesn’t believe in the medical system he is not likely going to believe in mental health services, but he may be open to receiving some education. This could possibly change the way he feels. The family is coming in almost weekly, so this could be an opportunity for some of those conversations.
  - In terms of family history, mom may have SUD but both parents may very well have underlying undiagnosed and untreated illnesses
  - If DHHS is still with the family, a plan exists with expectations for the family. Consider asking dad to sign a release of information to connect with the caseworker to offer your input, especially given how big of a focal point you are, not only for him, but for the whole family. You may provide an update to DHHS and also receive information from them, which could be helpful to move family treatment forward. This may aid in buy-in to engagement. If there is enough concern, another report can be made.
  - Connect with Dr. Ellen Lauer; she is doing CBT with patients in her practice and will be presenting on the topic during the Jan 4 ECHO.

## KEY RECOMMENDATIONS – Trauma and Crisis

- The history of trauma is the most important priority and a greater concern than gender especially given the fact that the school sounds relatively more accepting. This may be why you're hearing him say that the dysphoria isn't at the forefront of his own concerns for himself.
- Ensure that the patient has crisis contact numbers, and do not wait for red-flag level situation before working with crisis. Pursue a safety or "wellness" plan now.
  - Work with NAMI Maine: <https://www.namimaine.org/suicideprevention>
  - Suicide Prevention Toolkit for Primary Care Practices: [Suicide Prevention Toolkits - WICHE](#)
  - [Model of a safety plan: My Plan for Safety.docx](#)
  - The State Crisis Line 1-888-568-1112, National Suicide Prevention Lifeline: 1-800-273-8255
  - Share the [NAMI teen text line](#), for when he just needs someone to talk to. (This was echoed by many in the group.)

## KEY RECOMMENDATIONS – LGBTQ

- Connect the patient to a Gender Clinic –
  - Dr. Ahmed, Northern Light, Bangor: <https://northernlighthealth.org/LGBTQ/>
  - Maine Health, Portland: <https://www.mainehealth.org/barbara-bush-childrens-hospital/services/the-gender-clinic>
- Other Resources
  - Out Maine: <https://outmaine.org/>
  - Trevor Project: <https://www.thetrevorproject.org/>
  - High School Program such as [GSA Network](#)

## KEY RECOMMENDATIONS – Community and Connections

- School support for the patient: Reach out to the school to make a connection with staff there.
- Mentorship for the patient: Find a supportive adult, friend or family member, in their everyday environment and foster that connection.
- Peer support for the parents: Connect them with case management or peer support to allow them to be more present and able to care for the needs of the children. <https://gearparentnetwork.org/>

## KEY RECOMMENDATIONS - Treatments and Medications

- He may benefit from interaction with a CPS with lived experience, as this can be an incredible resource for trauma <https://www.mainehealth.org/maine-behavioral-healthcare/services/counseling-therapy-services-adult-child/peer-support>
- Consider that the anxiety and depression as symptoms of the trauma.
  - Anxiety may not be fully addressed with the Prozac.
  - Hydroxyzine could be explored to help with sleep.

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