Telemedicine PA Interactive Visit – Behavioral Health Grading Packet

PA /Evaluators Name_____ PA Student Name_____

Date of Visit _____ Time of Visit_____ max 30 minutes

Differential Diagnosis…… _____points

• Must name a minimum of 3 possible diagnoses and then note #1/"working" diagnosis 1.
2.
3.

Comments:

Exam Technique…… _____points

• Please consider both kinesthetic skill and communication of patient instructions. Comments:

Organization and Flow of

Exam…… _____ points

Comments:

Exam Appropriateness…… _____points

• Please note that class discussion taught that heart, lungs and abdomen are always appropriate as precursory exams

Comments:

Student is prepared for competency demonstrated by having all of their required equipment and being ready to go on time for their scheduled Zoom meeting…… yes no

Student is considered competent by virtue of your clinical Assessment for this case.

Yes NO Comments:

Case 12 – BH

Student Scenario

You are assisting your clinic by answering telemedicine consults. Your clinic implemented telemedicine to better serve patients without consistent transportation as well as to decrease non-emergent and urgent clinic-based visits.

You are asked to contact a parent who had made several phone calls attempting to be seen in the BH clinic ASAP, but your clinic is not currently making face to face encounters due to CoVid-19. You are asked to complete a telemedicine visit to assess the patient and make the appropriate diagnosis and refer if needed.

Case scenario: Billy is a 13 y/o boy with symptoms outbursts at school and worsening grades.

Work through the case to reach a diagnosis and appropriately manage the patient through a telemedicine encounter.

Instructions: Place a check in front of each task that the student accomplished correctly. Do not place a check for any tasks that were forgotten, done partially or incorrectly.

<u>Telemedicine Required Identification/Consent/Documentation:</u>
The student:
_____ 1. Introduces yourself to the patient, confirm your identification and credentials, notes your affiliation ("X" PA program), and your location.
_____ 2. Confirm the identity of the patient with 2 unique identifiers and note their location and address.
_____ 3. Explain the procedural aspects of the telemedicine visit and that it will be conducted in a similar but modified fashion from a clinic-based visit.
_____ 4. Explain the benefits and drawbacks of completing a virtual visit. Offering a future face to face alternative if the patient desires.
_____ 5. Assess equipment being used by the patient (including hardware/software and home medical equipment and document it.
_____ 6. Explain the cost of the telemedicine visit (for this visit none).
_____ 7. Explain the patients right to privacy and explain HIPAA changes in regard to ZOOM conferencing due to CoVid-19.
_____ 8. Ask the patient if they can see and hear with the technology they are utilizing (before you begin).
_____9. Makes any necessary adjustments for technologic issues (coach the patient to move camera when and if needed).
_____10. Verbalize that you will document the start time and the end time of the encounter. _____11. Obtain verbal consent to proceed with the encounter.

<u>Interpersonal and Communication Skills, Includes the Four Habits.</u>

The student:
_____ 1. Builds the relationship (not rushed, introduction, eye contact, attention, empathy, asks how to address)
_____ 2. Establishes the agenda (elicits concerns, agrees upon agenda)
_____ 3. Facilitates understanding (speaks clearly, avoids medical jargon, high priority information)
_____ 4. Summarize and confirm understanding (summarizes plan, elicits questions, uses teach back)
_____ 5. Showed listening body language (leaning forward, looking at patient) _____ 6. Used empathetic techniques (repeat feelings, legitimize concerns) _____7. Appropriately admitted uncertainty, and, if applicable, offered to get more information for patient
_____ 8. Voices understanding of patient's context (cost, transportation)

Actor Script

The Scenario:

CHARACTER: Billy 13 yo

DRESS: Well-dressed child accompanied by his mother

SETTING: At your home, connecting to your provider via telemedicine from your home device to their home device.

Affect: Annoyed and anxious parent with a quiet child sitting on the couch

Presentation: Adult female parent who appears upset and frustrated.
Case scenario: Billy is a 13 y/o boy who has been having trouble at school and is getting failing grades despite his superior intelligence.

CC: "It's not me, my teachers are all jerks, you don't understand."

Affect: 'Anxious parent and frustrated child.

Situation: 13 y/o suffering grades and having negative interactions with other children and adults.

PMH: Billy is a smart young boy. He has been a challenge to his parents since an early age. In grade school he was tested for giftedness and scored in the "high superior range" and was placed in a "gifted" classroom. His grade-school teachers noticed his inability to sit still for long periods of time. He would frequently talk out in class and pester other students. His teacher in 3rd grade was constantly frustrated and one day picked up his desk and toppled it over calling home. Billy appeared to have a learning disability. He would sit in class and draw on his desk, never completing in class assignments. His teacher thought he was unable to read and kept lowering her expectations. Eventually having him tested for his reading ability and finding he could read at a 7th grade level. His incongruence between his intelligence and his ability to perform were constantly challenging his teachers. In the end he was a fairly consistent B student but most of the teachers did not want him in their class because of the disruptions.

In middle school, things have gotten worse. He has been sent to the office on multiple occasions, sometimes for disrupting others, sometimes for "smart" or "disrespectful" comments, sometimes for what appeared to by bullying other classmates.

Parents from the neighborhood have contacted Billy's parents more than once. One time he stole a go cart out of the neighbor's yard, once he was seen bullying another child by a different parent, once he was making rude comments to one of the neighborhood adults for "staring" at him.
At home things are not much better. Billy's dad is a man's man. He works construction and has

a temper. When Billy has misbehaved, his father would be aggressive with him. The child and the father have been in constant shouting matches since the boy was about 5 years old. Billy's father blames his mother for Billy's behavior saying she never lets me "manage the boy". If I could have "whooped his butt" as a child, he would not be acting this way. His mother feels Billy has had a behavior disorder requiring therapy for years, but her husband never supported Billy "getting therapy".

In the early years, Billy's mom worked a full-time job. Billy's dad was out of work, so he stayed home with the kids for many years. Billy has two older sisters who have done well in school, almost over-achievers. They are well liked by their teacher's and peers and have had many academic achievements with little disciplinary problems. When mom would come home, she was too tired to deal with Billy's frequent outbursts and would try to ignore them. She tried to carry on as best she could. Billy seemed to be managing but mom always was worried that as Billy got older things would be worse and they are.

Billy was eventually moved out of the "gifted" program due to his grades and outbursts. He was accepted into a Blue-Ribbon middle school which was attended by his sisters by eventually had to leave there too because he was "failing" too many classes.

He was later expelled from the public middle school from getting in a fight with another student on school property where he pushed a child down over a dispute about his phone charger and the other child "broke a finger" in the fall.

Now Billy is doing home schooling. He is in constant fights with his father and his sisters. His father has moved out of the house because the issue has caused marital discord. His mother is at his wits end.

Mom says she wants her child to be "normal". She is afraid he will "get arrested" and end up in "jail".

Positively reported Risk Factors:

- Familial discord
- Dysfunctional home life
- Exposure to violence (at school)
- History of mental illness within the family
- Exposure to substance abuse
- Inconsistent parenting (inconsistent discipline, inconsistent interaction, etc.)
- Abuse / neglect (nothing obvious reported)

Aware of the environment and the affect of the patient, the investigation begins.

1. _____How are you feeling?
    - *I am so frustrated! I everybody thinks that I have some kind of problem. I am fine, it is everyone else.*

- *The schools I went to were terrible. The teachers were jerks and so were the kids.*
- *I don't have a problem with my online friends.*
- *People are just annoying.*
- *Subjects at school are boring. I am never gonna use that stuff anyway. I am going to be a "gamer". They make tons of money you know.*

2. How long have you been feeling this way?
   - *I have been feeling this way as long as I can remember. I have never liked school. There people there are a pain. No one ever listens to me and I am tired of all of their rules.*
   - *Do you know they made me sit by myself in the lunch room for entire month.*
   - *I hate those people.*

3. _____Have you seen anyone for this in the past? What was the recommendation for your care at that time?

Yes, I was at the counselor at school more than once. They said if I didn't watch it, I was going to get kicked out of school and I did.

4. _____How have you been feeling recently?

Recently it has been worse. I have to "home school" now and my mom is always yelling at me. She is constantly getting on my nerves about "doing my homework" and online learning. These classes are useless. Those teachers are annoying. I hate having their "little meetings". I went to live with my dad but all he did was yell at me. No one understands me. He gets teary eyed. Then stops.

5._____How has this been impacting you on a day to day basis?

I just ignore it. I go into my room an get online. It's the only thing that makes it better. Well, sometimes I play soccer and I am really good at it but you know with Covid that got ruined…"

Other symptoms if asked: **(If screened for these items they are all positive)**
Past medical/BH history- (WNL unless marked)

- _____Previous similar episodes +

- _____Previous Hx of Suicidal thoughts or wanting to harm yourself or others. **(+ I told my mom once that I was either gonna run away or kill myself. I don't want to do those things but this life sux, you know what I mean…)**
- _____Neurological conditions
- _____Cardiovascular risk factors:
- _____Hypertension
- _____Diabetes
- _____Hypercholesterolemia

"I don't have any medical conditions; I'm usually fit and well.

Family history

- _____Hx of BH problems, suicide (Yeah, my mom is crazy, always crying and my mom says my dad has adult ADHD…. LOL)
- _____Other neurological conditions

There's no family history of any other medical problems."

Drug/SH history

- _____ETOH (no)
- _____Smoking (no)
- _____Other regular medication (no)
- _____Recreational drug use (Mom found marijuana in his room once but he said it was his friends…).

Overall, patient and parent report significant distress and social impairment related to the symptoms.

The student may ask various other BH Questions not included in this document. Assure they move on to DX and Treatment Plan after approximately 20 minutes so that the encounter can be completed in 30 minutes total.

Billy has filled out this form.
Do not lead the student away from the diagnosis of Oppositional Defiant Disorder
Use the list below for ROS which are positive for this patient if asked.

Mojave Child and Adolescent Symptom Rating Scale – Oppositional Defiant Disorder (Child/Teen) **Name** Billy **DOB**________

For each item, check the box that describes you best *over the past week*: **Date:**______________

Temper outbursts	[ ] Not at all.	[ ] I occasionally got mad or annoyed, but no more than other kids my age.	[ ] I occasionally had a temper outburst that is more severe than most kids my age. I get mad more often than other kids.	[ ] I frequently get annoyed or mad. I lost my temper at least once per week.	[ ] I am irritable and annoyed most days. I had severe temper outbursts several times per week.
Argues a lot with Adults	[ ] Not at all.	[ ] I almost never argue with or challenge my parents.	[ ] I occasionally argue with my parents and teachers. These arguments seem more severe than most kids my age.	[ ] I have severe arguments with my parents or teachers 1-2 times per week.	[ ] I have severe arguments with my parents or teachers almost every day. I always find a reason to fight with them.
Disobeys rules a lot	[ ] I follow rules and directions almost all the time.	[ ] I generally follow the rules. Sometimes I try to slip by without doing chores, but I usually don't fight when my parents remind me.	[ ] I sometimes refuse to obey rules at home or do my chores. I think I disobey more than other kids my age.	[ ] I refuse to obey rules or do what my parents or teachers ask 1-2 times a week. I try to get away with things without getting caught.	[ ] I break the rules nearly every day. I tell my parents I won't do what they tell me to do. I am frequently in trouble at school for not following rules.
Easily annoyed or angered	[ ] I don't get annoyed or angered easily.	[ ] Once in a while I am annoyed if I'm not allowed to do what I want, but I usually get along pretty well with my parents and teachers.	[ ] I get annoyed easily 1-3 times per week. I seem more annoyed with things than most kids my age.	[ ] I am irritable and easily annoyed most days. Minor things bug me or set me off. I get very bothered by things that don't bug most kids.	[ ] Every day I'm easily annoyed and get mad about little things. Everything seems to get on my nerves.
Angry and resentful	[ ] I'm almost never cranky.	[ ] I get cranky and angry once in a while, but mainly if there is a reason like feeling sick or tired.	[ ] I feel cranky, angry, and resentful 1-3 times per week. This seems more intense than most other kids my age.	[ ] I feel cranky and resentful most days. I feel like I can't stand my parents, family members, teachers, and other kids much of the time.	[ ] I feel cranky and angry every day. I feel like nearly everyone and everything is a real pain.
Spiteful and vindictive	[ ] I don't try to get back at other people when they hurt my feelings. I can forgive people or let things slide when I'm mad.	[ ] Sometimes I can be mean to someone who hurt me, but I soon work it out, forgive, and forget. Once in a while I threaten to get even with someone who made me mad.	[ ] I do little things to get even with others who are unfair or hurtful to me 1-3 times per week. I think I'm more spiteful than most kids my age. I tend to hold grudges.	[ ] I often feel that others have been unfair to me and I want to make them pay for what they've done. I take revenge when I feel slighted by my family or friends several times per week.	[ ] Every day, I lash out at others for things they have done to me. My 'payback' is often worse than what was done to me. I don't forgive or let things slide.
Annoys people on purpose	[ ] I don't annoy others on purpose and apologize if others appear annoyed with my behavior.	[ ] I occasionally tease my siblings and friends, but I quit if someone asks me to stop.	[ ] Once or twice I deliberately did things to bug others. I sometimes pretend not to hear directions in order to make my parents or teachers mad.	[ ] I do things to annoy others a lot. I often pretending not to hear them, repeat what they say, or taunt them to get on their nerves.	[ ] Everyday, I do a lot of things to purposefully get other people mad.
Blames others for his/her mistakes	[ ] I always take responsibility for what I have done.	[ ] I sometimes need reminders to take responsibility for my behavior, but I will own up in the end.	[ ] I sometimes blame others for my mistakes. I don't take as much responsibility for my behavior as other kids my age.	[ ] About half the time, I blame others for my mistakes. I get mad when people tell me to own up to my behavior.	[ ] Most of the time, I blame others for my mistakes. I don't like to take responsibility for my behavior.

Score by counting the number of responses in the 2 right-hand columns.

Show a picture of the patient to the student.

Behavioral symptoms:

- Easily losing one's temper / throwing repeated temper tantrums
- Arguing
- Fighting
- Refusing to follow rules
- Deliberately acting in a way that will annoy others
- Blaming others
- Blatant hostility towards others
- Being unwilling to compromise or negotiate
- Willingly destroying friendships
- Being spiteful and seeking revenge
- Blatant and repeated disobedience

Cognitive symptoms:

- Frequent frustration
- Difficulty concentrating
- Failure to "think before speaking"

Psychosocial symptoms:

- Difficulty making friends
- Loss of self-esteem
- Persistent negativity
- Consistent feelings of annoyance

Physical Exam Must include –

Modified Vital Signs based on patient equipment:

Obtains:

_____ Temperature (*WNL)*
_____ Pulse (*WNL*)
_____ Respiratory rate (*WNL*)
_____ Blood pressure (*WNL*)
_____ Pain (*0/10*),
_____ O2 sat if equipment is available and appropriate *NA*

Students should screen the patient for suicidal and homicidal thoughts. (None currently)

Assess Suicidal and Homicidal thoughts early and document it: _____

Include a general inspection of the patient/environment: See below

He appeared to be of his biological age. The child looks sad and frustrated but breaks a smile here and there.

Family dwelling appears neat and tidy. No issues noted.

Screening tool if needed:
Student will use the Suicide Screen, and possibly other screens including the self assessment screen.

Modified PE should include at a minimum observation, cardiopulmonary.

Management: ODD.
How would you manage this patient?

Identify and communicate the suspected diagnosis of ODD: Help the patient/family to understand the disorder and start effective evaluation and treatment promptly.

Treatment for ODD:
1._____The student suggests a referral to a behavioral health care team and outpatient care for further assessment once screening for suicidal and homicidal thoughts are negative. Share the Parent Handouts and any other information available with the patient as the diagnosis is confirmed over time.
Possible treatment items are below and it is important that parenting skills be addressed.

2._____Student should explain in layman's terms:

1. **Suggests Supportive Care**:
    a. _____Psychoeducation- provides information on bipolar disorder. Identify and communicate the diagnosis of bipolar disorder as early as possible to help people understand the disorder and start effective treatment promptly.
    b. _____Sleep hygiene
        • remove triggers if possible (caffeine, stimulants, nicotine, dietary triggers, stress)
    c. _____Increase physical activity (exercise 60-90% of MHR 20 minutes 3x/wk, yoga
    d. _____Self-guided cognitive-based therapy (CBT)/ relaxation techniques, Do what you love, mindful of your thoughts, Be kind and patient with

2._____**Focused CBT –**
    o CBT is a time-limited process (treatment goals—and the number of sessions expected to achieve them—are established at the start) that employs a variety of cognitive and behavioral techniques to affect change.
    o A CBT practitioner may employ techniques such as **exposure therapy** (allows extinction of erroneously learned fears) and **applied relaxation**

3._____**Pharmacological** (1st line with CBT)
    a. _____for comorbid conditions only like ADHD

3. _____Advise the patient that: (Circle any noted below)

• Gives ER precautions: If any thoughts of harming herself or others, call 911 or the National Suicide Hotline 1-800-273-8255.

Plan for F/u next telemedicine visit or clinic visit scheduled for:
_____(the interval should be very short)

_____ Notes Ending time of Call

Treatment

Treatment for oppositional defiant disorder primarily involves family-based interventions, but it may include other types of psychotherapy and training for your child — as well as for parents. Treatment often lasts several months or longer. It's important to treat any co-occurring problems, such as a learning disorder, because they can create or worsen ODD symptoms if left untreated.

Medications alone generally aren't used for ODD unless your child also has another mental health disorder. If your child has coexisting disorders, such as ADHD, anxiety or depression, medications may help improve these symptoms.

The cornerstones of treatment for ODD usually include:

- **Parent training.** A mental health professional with experience treating ODD may help you develop parenting skills that are more consistent, positive and less frustrating for you and your child. In some cases, your child may participate in this training with you, so everyone in your family develops shared goals for how to handle problems. Involving other authority figures, such as teachers, in the training may be an important part of treatment.
- **Parent-child interaction therapy (PCIT).** During PCIT, a therapist coaches parents while they interact with their child. In one approach, the therapist sits behind a one-way mirror and, using an "ear bug" audio device, guides parents through strategies that reinforce their child's positive behavior. As a result, parents learn more-effective parenting techniques, the quality of the parent-child relationship improves, and problem behaviors decrease.
- **Individual and family therapy.** Individual therapy for your child may help him or her learn to manage anger and express feelings in a healthier way. Family therapy may help improve your communication and relationships and help members of your family learn how to work together.
- **Cognitive problem-solving training.** This type of therapy is aimed at helping your child identify and change thought patterns that lead to behavior problems. Collaborative problem-solving — in which you and your child work together to come up with solutions that work for both of you — can help improve ODD-related problems.
- **Social skills training.** Your child may also benefit from therapy that will help him or her

be more flexible and learn how to interact more positively and effectively with peers.

As part of parent training, you may learn how to manage your child's behavior by:

- Giving clear instructions and following through with appropriate consequences when needed
- Recognizing and praising your child's good behaviors and positive characteristics to promote desired behaviors

Although some parenting techniques may seem like common sense, learning to use them consistently in the face of opposition isn't easy, especially if there are other stressors at home. Learning these skills will require routine practice and patience.

Most important in treatment is for you to show consistent, unconditional love and acceptance of your child — even during difficult and disruptive situations. Don't be too hard on yourself. This process can be tough for even the most patient parents.

Lifestyle and home remedies

At home, you can begin chipping away at problem behaviors of oppositional defiant disorder by practicing these strategies:

- **Recognize and praise** your child's positive behaviors. Be as specific as possible, such as, "I really liked the way you helped pick up your toys tonight." Providing rewards for positive behavior also may help, especially with younger children.
- **Model the behavior** you want your child to have. Demonstrating appropriate interactions and modeling socially appropriate behavior can help your child improve social skills.
- **Pick your battles** and avoid power struggles. Almost everything can turn into a power struggle, if you let it.
- **Set limits** by giving clear and effective instructions and enforcing consistent reasonable consequences. Discuss setting these limits during times when you're not confronting each other.
- **Set up a routine** by developing a consistent daily schedule for your child. Asking your child to help develop that routine may be beneficial.

- **Build in time together** by developing a consistent weekly schedule that involves you and your child spending time together.
- **Work together** with your partner or others in your household to ensure consistent and appropriate discipline procedures. Also enlist support from teachers, coaches and other adults who spend time with your child.
- **Assign a household chore** that's essential and that won't get done unless the child does it. Initially, it's important to set your child up for success with tasks that are relatively easy to achieve and gradually blend in more important and challenging expectations. Give clear, easy-to-follow instructions.
- **Be prepared for challenges early on.** At first, your child probably won't be cooperative or appreciate your changed response to his or her behavior. Expect behavior to temporarily worsen in the face of new expectations. Remaining consistent in the face of increasingly challenging behavior is the key to success at this early stage.

With perseverance and consistency, the initial hard work often pays off with improved behavior and relationships.

Coping and support

It's challenging to be the parent of a child with oppositional defiant disorder. Ask questions and try to effectively communicate your concerns and needs to the treatment team. Consider getting counseling for yourself and your family to learn coping strategies to help manage your own distress. Also seek and build supportive relationships and learn stress management methods to help get through difficult times.

These coping and support strategies can lead to better outcomes for your child because you'll be more prepared to deal with problem behaviors.

To find out more about ODD use the links below:
https://www.mayoclinic.org/diseases-conditions/oppositional-defiant-disorder/diagnosis treatment/drc-20375837

ODD A Guide for Families by the American Academy of Child and Adolescent Psychiatry

https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/odd/odd_resource_center_odd_guide.pdf

ADHD Toolkit
http://www.shared-care.ca/toolkits-adhd