

## 2019 SAHM *Project ECHO* Workshop Case Presentation

Taylor is an 18 year old high school senior who is planning to attend the same college where her mother and father first met. Now an athlete (varsity soccer team captain) and academic achiever (National Honor Society), she has struggled with anxiety and low self-esteem since middle childhood, when she was at a higher weight. Having been teased about her size, the summer before entering high school she began more “disciplined” eating habits and exercise, resulting in a lowering of her body mass index (BMI) to the 50<sup>th</sup> percentile. Throughout high school, Taylor’s weight fluctuated, with food being a source of comfort, as well as distress. As graduation approached, her parents noticed wide fluctuations in her appearance, and increased irritability and social withdrawal.

Soon after graduation, Taylor’s mother discovered her vomiting after eating a large amount of food very rapidly. Her mother said when she confronted Taylor that she cried uncontrollably and begged for help with her out-of-control eating. Taylor’s family lives in a rural area, with limited specialty health care and the closest medical center is three hours away. Her mother contacted me after hearing I treat individuals with anxiety, some of whom have had eating disorders. My office is about 30 minutes from their home.

At Taylor’s first appointment, I learned that Taylor was ambivalent about being in treatment. She reported feeling scared that her mother would tell her father about the binge eating and vomiting. She said her plea for help was a way to get her mom to back off. Taylor reported being in therapy in the past, but never really engaged in it. She said, “I just went there to talk about how terrible my parents were. Nothing really changed, but it was good to have someone who didn’t judge me, but just listened. They tried to put me on drugs, but I just threw them away. I felt kinda’ bad about wasting it all, but my mom woulda’ freaked out if she thought I wasn’t taking my meds.”

Taylor describes her mom as “controlling” and “always finding something wrong with her;” maternal family history includes significant anxiety across generations. **WE HAVE PURPOSEFULLY LEFT OFF INFO ABOUT DAD AND BROTHER HOPING THE AUDIENCE WILL ASK ABOUT THIS:).**

I am concerned about Taylor’s physical health with respect to playing soccer, and the advisability of matriculating at a college 1,000 miles away from home. I recommended that Taylor schedule a visit with her primary care physician to “have a physical and labs” and to have him review the sports clearance form. I wanted to support Taylor’s desire for autonomy and allowed her to take control of scheduling the visit.

At our next visit Taylor told me her mom made the appointment and that she went. She brought me a signed copy of the medical clearance form and happily reported that her physician said that she was “healthy and OK to play soccer.” When I asked more about the medical visit, Taylor said she told the primary care physician that “she needed him to sign a form allowing her to play soccer in college.” In hindsight, it seemed pretty clear that Taylor did not report to the physician what she shared with me, and I do not think the physician is aware of the patient’s mental health history. Nor do I think that the physician spoke with mom. So basically, I think what happened is that the physician conducted a “transition to college” visit, found nothing glaring with the labs and physical exam, and ended up signing the sports medical clearance form because he had no other information. When I asked Taylor if she completed any paperwork for the visit, she said she did complete a medical profile form, but it sounded

like she did not indicate that she was struggling with an eating disorder. She maintains she is fine to go to college away from home and get active in soccer. It is her mother that is the “worry wort.” She reported looking forward to leaving home and starting college to get away from her parents, so she can “grow up” and “not be smothered by her mom.”

**Main Question for ECHO: What could I have done differently to help this patient with her transition to college? What do I do now with the patient and mother because I am not sure she is ready for college away from home?**

#### **ANSWERS WE PURPOSEFULLY LEFT OFF THE CASE REPORT:**

##### **Father and Brother**

Michelle had not yet obtained info on dad or brother and did not ask either to come to a session to provide information. Taylor’s father is a surgeon who is often not home for family meals; the patient describes him as being emotionally “distant”, but “caring and attentive” when he is with family, especially with Taylor; paternal family history includes alcoholism in Taylor’s grandfather and her father’s twin sister. She describes her older brother as “perfect” and said he attends the same college as her.

##### **No consent to speak with pcp**

Michelle never obtained consent to talk with the family medicine physician. She relied on the patient to make the appointment and discuss concerns and what she needed for college. She thought she was preserving the patient’s “autonomy” but in fact, this gave the ED an opportunity to take over and make decisions for the patient. Michelle had assumed the physician knew the patient’s mental health and family history and never dreamed her physical exam and labs would basically be normal. She did not think he would sign the medical clearance form. She had hoped that his not signing the form would stop the patient from leaving for college.

##### **No team in place to support the therapist**

Michelle had not discussed the importance of a full team including her, an RD, and pcp and possibly a psychiatrist or NP if needed. She initially thought she could manage the case on her own. She is now alone in the management of this patient. The ED loved this.