

Initial Approaches to Addressing Behavioral & Emotional Concerns in Primary Care

Module 2 – Role Play

Role Play #1: Anxiety

Now that you have a solid foundation in the ‘common factors’ approach to addressing mental health concerns, we will practice using a case of an 11-year-old girl who presents to continuity clinic with anxiety symptoms. She comes to see her primary care provider for a well-child visit accompanied by her mother. The physician will explore the patient’s symptoms and develop an action plan.

There are 3 roles:

1. Pediatric resident (assigned primary care provider)
2. Mother
3. Child (11 years old)

Other participants can serve as observers. Observers should be prepared to share their thoughts and the following:

- How did the resident use a common factors approach?
- How could she/he have utilized other common factors strategies?

Each participant should read his/her role and then play out the case. Depending on the number of participants, the preceptor may choose to have 2 or more groups perform the role play simultaneously. If there is more than one group, participants can first debrief as a small group before reconvening as a large group to report out.



Resident: You are seeing Maria, an 11-year-old girl for a well-child visit and school physical. You last saw her for her 10 year well-child visit. She has no chronic medical problems and has been growing and developing well. She comes to your office with her mother. You discover she is having frequent episodes of abdominal pain.

Your task is to explore the patient’s history using a common factors approach. You should also inquire about potential stressors in Maria’s life.

After a thorough history, and a completely normal physical exam, you believe Maria has anxiety, which is now causing her to miss school. You will work with her to come up with a plan to identify potential causes of her anxiety and develop an action plan.

Mother and Child (read through roles together)

Mother: You are a concerned mother of 11-year old Maria. When the physician asks you how she is doing, you respond with "I am glad you asked. I've been worried about Maria. She has been complaining about stomach aches several times each week for the last few weeks. Sometimes it is after breakfast, sometimes after dinner, and sometimes I have to pick her up at school. At first I gave her some tums and hot tea but this didn't seem to help her. At times I've given her some Tylenol which seems to help a little but this keeps happening and I'm getting worried she may have something serious."

Additional History: Maria has been having frequent stomach aches and has missed a few days of school. The pain is in the middle of her stomach. No vomiting, fever, diarrhea or constipation recently. Maria does have a history of constipation, but she has been doing well over the past few years.

After this initial opening you should play the part of a concerned mother. You will go along with the physician based on his/her interview style. For example, if common factors elements are used (hope, partnership, empathy) you will feel reassured. If not, you can continue to be nervous and concerned.

Child: (See history above) Maria is quite shy. Respond to the physician based on his/her interview style. For example, if he/she is engaging and attempting to include you in the encounter you willingly answer questions.

Regarding your pain, you've had pain around a 6 or 7 on a 10-point pain scale when you get your stomach aches. The pain resolves after you go to the school nurse for about 10 to 15 minutes. A few times you've asked the nurse to call your mother to bring you home. If asked, the pain is crampy and comes and goes. It is not associated with any particular foods or triggers. Your bowel movements have been regular (daily) and soft. The pain can happen at any time, but typically occurs around lunchtime. Review of systems is negative.

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Observers: Consider these questions as you observe the interaction between the resident and family:

1. How did the resident use a common factors approach during the history and management plan?
2. How could she/he have utilized other common factors strategies?

Role Play #2: Applying Behavioral Techniques

Choose a behavioral technique that was just reviewed and apply to one of these cases.

What behavioral techniques would you use for this adolescent male with performance anxiety?

Ky'mere is a 17-year-old high-achieving male in a college preparatory school. He has always had a little anxiety but has been functioning fairly well. However, he comes in with a concern of "test anxiety." He reports he "freezes up" when he has a math test or exam. His chest becomes tight and his palms are sweaty. He has difficulties thinking and is worried he has scored lower on the past few tests. He also tells you that he gets nervous before a presentation.

What behavioral techniques would you use for Dennis?

As a reminder, Dennis is a 6-year-old male with no prior medical concerns, but during this visit mom reveals to you that he has previously been "kicked out" of 2 classrooms for fighting. At 6 months of age Dennis was irritable, difficult to soothe, and had issues sleeping through the night. At 4 years of age Dennis was kicked out of child care centers for uncontrollable behavior.

What behavioral techniques would you use for Ben?

As a reminder, Ben is a 3 ½-year-old boy whose parents come in together due to concerns about his tantrums when dropped off at child care. He is a healthy child who you last saw for his 3 year well-child visit. During that visit there were no concerns raised about his behavior or development (he passed his 3-year-old developmental screen), but his mother had expressed concern about how Ben would do in child care now that she was going back to work. The parents were able to meet with you without Ben present.

What behavioral techniques would you use for Maria?

As a reminder, Maria is an 11-year-old girl whose mother has concerns about frequent episodes of abdominal pain. No organic etiology can be identified.