CASE CONFERENCE
"*JENNIFER*"

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Jennifer – established patient

- Jennifer is a 16-year-old female you have been seeing in outpatient clinic for two years. She carries a diagnosis of Major Depressive Disorder, and you have treated her with a combination of cognitive-behavioral therapy (CBT) and fluoxetine. She made significant progress, completing a course of CBT and continuing to take a maintenance dose of fluoxetine (20 mg daily). Given her recent stability, you have transitioned to quarterly medication management visits.

Jennifer – phone call from mother

- Jennifer's mother calls your office the day before Jennifer's scheduled routine quarterly visit. You return the call, and she expresses new concerns. She was collecting laundry in Jennifer's room and happened upon a lighter, cigarettes, a pipe, and a bag of what appeared to be marijuana. She confronted Jennifer about this, and it led to an argument. She is hoping you can address this issue during the visit.

Jennifer – individual session

- Jennifer and her mother arrive for the appointment. You elect to initially speak with Jennifer individually, per your usual routine with visits. Jennifer reports she is doing fine, and that her mood has been stable. She reports adherence with fluoxetine, and states that she has used her CBT skills when feeling stressed or overwhelmed.

Jennifer – individual session

- Jennifer notes that her mother told her about the "heads up" call to your office yesterday regarding the discovery of items in Jennifer's room. She expresses irritation toward her mother for searching her room, which she sees as a violation of her privacy. She admits that the items belonged to her, but that her mother "made a big deal out of something that's not a big deal, and is none of her business anyway." Jennifer acknowledges that she has tried smoking cigarettes and marijuana "a couple of times," but states that it has been a "social thing." She denies any other substance use, and expresses impatience, wanting to finish the session. She curtly notes that her mood has been "fine" and that there is nothing more to discuss.

Jennifer – individual session

- You provide brief psychoeducation to Jennifer, discussing potential implications of substance use in adolescence, particularly noting that use may potentially complicate mood/depression. You avoid pressing too aggressively for information, avoiding a judgmental tone in the interest of therapeutic alliance.

Jennifer – interview with mother

- In a brief separate interview, Jennifer's mother indicates that she and Jennifer have had less communication over the last 6 months or so, but she generally attributed that to "normal teenage behavior." Jennifer's mother had not suspected substance use, but notes she had been lax about curfew and monitoring, particularly given that she was relieved that Jennifer's depression had gotten better. She was encouraged to see Jennifer becoming more social and expanding her peer group.

Jennifer – interview with mother

- Jennifer's mother notes that she used marijuana while in college, and she currently smokes cigarettes and drinks socially. She expresses uncertainty about how to address Jennifer's suspected use without appearing to convey a "do as I say and not as I do" approach. She also notes that Jennifer's paternal grandfather died from alcohol-related cirrhosis. She asks about familial/genetic risk for addiction, and whether this may have implications for Jennifer.

Jennifer – session wrap-up

- During wrap-up of the appointment with both Jennifer and her mother, you review progress, and Jennifer reports that she will continue using CBT skills and taking fluoxetine to manage mood. Jennifer's mother expresses her wish for Jennifer to avoid using substances. While appearing irritated, Jennifer does not verbally respond, aside from asking "are we done now?"

Jennifer – return visit

- At your next visit with Jennifer, she notes that she has had increased difficulty with irritability and frustration. She has also gone several days at a time with low energy, depressed mood, and anhedonia. You ask about her use of CBT skills to cope, and she reports they haven't worked as well as before. She notes that some of her relationships have become complicated, and her grades have "slipped." She admits that she hasn't been as consistent as before with taking fluoxetine, in part because she wasn't sure if it was helpful any more.

Jennifer – return visit

- You inquire about substance use, and she admits she has been using more frequently. She is now smoking cigarettes daily after school "to help calm down from a stressful day," and she is smoking marijuana at night "to help get to sleep . . . nothing else works." She continues to smoke cigarettes and marijuana socially as well, but this is more intermittent. At parties, she has several drinks, "but no more than other people do, really, and it's just a social thing." She admits to a few blackouts, and she also reports that, following the lead of friends, she has taken pills along with alcohol at parties. These have included benzodiazepines and opioids, but she emphasizes that this has only happened a couple of times, and she did not like the way they made her feel.

Jennifer – return visit

- You conduct a functional analysis of Jennifer's substance use, and work with her on adapting her CBT skills to apply to substance use. You also work with her on identifying links between substance use and mood, and you discuss acute and long-term risks associated with substances she has tried. She agrees to resume consistently taking fluoxetine, and she agrees to share with her mother that substance use has progressed, though she does not want to divulge specifics with her mother.

Jennifer – return visit

- In joint session with Jennifer and her mother, Jennifer's mother notes that she has been worried about Jennifer's mood changes, and feels that Jennifer has been increasingly evasive and difficult to engage. Jennifer acknowledges recent struggles, and admits that she has been using substances "but not a lot."

Jennifer – return visit

- You work with Jennifer and her mother on plans for communication and monitoring, and arrange more frequent follow-up. You mention that you can work with Jennifer in individual sessions to apply CBT skills to substance use. You also note that you will incorporate drug testing as a routine part of visits, though with an emphasis on reward/praise for negative tests, rather than punitive measures for positive tests.

Jennifer – ongoing care

- Jennifer engages regularly during subsequent individual sessions, and you are able to help her identify links between social functioning, mood, anxiety, academic performance, and substance use. She builds skills to address underlying triggers for use, and for substance refusal during social situations. She and her mother work on setting appropriate rewards for progress, including negative urine tests, improved academic performance, etc. Progress is intermittent, and Jennifer and her mother often argue about level of oversight/monitoring, but as weeks pass Jennifer internalizes the benefits of not using. She does, however, continue smoking cigarettes daily, and given that her mother smokes as well, she says this may be the most difficult thing for her to give up.

Jennifer – ongoing care

- Jennifer and her mother agree to a shared goal of tobacco cessation. The agree to plans for how they will monitor and support one another, and you discuss cessation strategies with them. They set milestones and desired "rewards" to work toward. They are reluctant to consider pharmacotherapies, but acknowledge that they may struggle significantly with craving and withdrawal, as they have experienced these symptoms with past "cold turkey" attempts. With some discussion, they both report interest in trying nicotine lozenges to manage cravings.

Jennifer – follow-up

- On follow-up Jennifer expresses enthusiasm about her progress. She has refined her CBT skills to manage mood and substance-related issues, and she has been more consistently adherent with fluoxetine. She is engaged in prosocial activities, and is utilizing "refusal skills" at social gatherings. She and her mother are communicating more positively, and are pleased to report they are not smoking cigarettes, though they both indicate worry about potential relapse, as cravings often return amid stressful situations and exposure to cues.