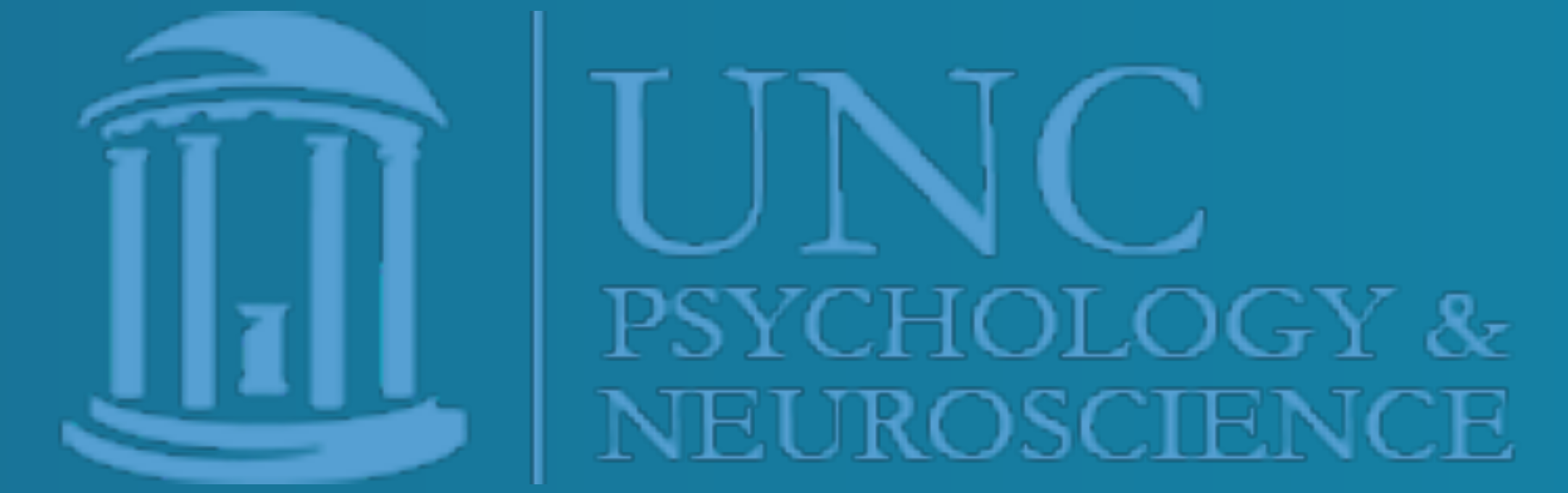




3-C Family Services: A Comprehensive Approach to Mental Health Care

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3-C Family Services Mission

3-C Family Services seeks to utilize an interdisciplinary approach to promote child health/development, strengthen family relationships, and provide a variety of treatment options to patients.¹

The Three C's:

- Communication
- Cooperation
- Confidence



Organizational Structure

Founders of the organization sought to integrate mental health professionals from a variety of disciplines. Today, clinicians at 3-C range from psychiatrists and psychologists to social workers.

The overarching foundation of 3-C is research – the organization prides itself in evidence-based treatment. 3-C Institute for Family Development is the organization's sister company, which aids in research-based practice. The two organizations work together in obtaining governmental grants to carry out research-based interventions.²

Typical Tasks

- **Weekly Case Conference**
 - Clinicians discuss difficult patients and brainstorm the most promising treatment options.
 - I participate in discussion by offering insight from the college age demographic.
- **Completing Literature Searches**
 - Filtering through appropriate journals and compiling information into documents that are easy to understand.
- **Organizing Presentations**
 - Magellan Middle School cyberbullying video, graduate school class on autism interventions
- **Attending the North Carolina Psychiatric Association annual meeting**
 - Lectures, networking, etc.
- **Discussing and analyzing American Board of Psychiatry and Neurology articles**

Dialectical-Behavioral Therapy (DBT)

Overview: DBT is a cognitive-behavioral treatment traditionally developed to treat individuals with chronic suicidal ideation, but is now widely used for individuals with borderline personality disorder⁴. Adaptations of DBT have been developed to treat substance use, eating disorders, oppositional defiant disorder, and as well as others^{3,5}.

Primary Focuses:

- **Acceptance:** distress tolerance & mindfulness interventions
- **Change:** emotion regulation & interpersonal effectiveness⁴

Marsha Linehan – Founder of DBT

“I love teaching my clients skills, teaching them how to put aside all the negative, anti-self emotions, and how to see themselves **for who they really are**, which is good people capable of receiving and giving love.”⁶

Hyperprolactinemia in Bipolar Disorder

Prolactin-Dopamine Feedback Loop: Dopamine inhibits prolactin release.⁷

- Second and third generation antipsychotics **block the dopamine D2 receptor**, increasing PRL levels. Since antipsychotics treat bipolar disorder, **there is an increased risk of hyperprolactinemia in these individuals**⁸.

Medication	Risk of Weight Gain?	Risk of Hyperprolactinemia?	Additional Comments
Aripiprazole (Abilify)	Low	Medium	-2% hyperprolactinemia incidence in 5mg, 1% for 10mg; no exact measures reported
Asenapine (Saphris)	Low	Medium	
Olanzapine (Zyprexa)	High	Low	
Risperidone (Risperdal)	Medium	Low	Hyperprolactinemia not observed in human clinical studies, only in rats
Quetiapine (Seroquel)	Medium	Low	
Ziprasidone (Geodon)	Low	Medium	Median change of prolactin in female patients: +1.5 ng/mL
Lurasidone (Latuda)	Low	Medium	
Cariprazine (Vraylar)	Medium	Low	Decreases in prolactin levels observed (-8 ng/mL)

Figure 1: Relative risk of hyperprolactinemia in second-generation antipsychotics approved for bipolar disorder

Conclusion: When prescribing antipsychotics, physicians should use “prolactin-sparing” medications to reduce the risk of hyperprolactinemia.

- Clozapine, Olanzapine, Quetiapine, Aripiprazole, Ziprasidone⁹

Gender Differences in Autism Presentation

“Socially constructed gender biases shape the way that ASD-related behaviors are tolerated and perceived¹².”

The Camouflage Hypothesis

- Girls are better able to “camouflage” their symptoms, making it more difficult to diagnose.^{10,11}

Girls with ASD...

- Engage in **less repetitive behaviors**
- Have **superior interpersonal skills**
- Are more prone to **internalizing behaviors**¹¹

Knowledge & Skills Gained

Worksite-Specific Skills

- **Clinical reasoning:** responding to patient questions/concerns, assessing promising medications
- **Practical skills:** writing clinical intake notes, navigating research databases
- **The ability to translate research findings to real-life cases:** navigating ethical dilemmas, writing up treatment plans



Career and Professional Development

- **Interview preparation:** translating experiences to concise talking points
- **Resume and cover letter writing**
- **Networking skills:** generating questions, participating in academic conversations
- **Etiquette for professional conferences:** attending lectures and compiling findings into reportable data
- **Problem-solving, confidence, independence, etc.**



Implications & Lessons Learned

- **Teamwork is a very important part of any clinical organization.** If any one clinician is feeling “stuck,” there will always be others to help brainstorm potential solutions.
- Working professionals are always very busy – **it is important to assert yourself** if you need help with something or are looking to learn something new.
- **Mental health challenges do not discriminate** – they affect individuals across demographic and class lines. Access to mental health care is a continuing problem today.
- Most significantly, I am emerging out of this internship with **an even stronger drive** to enter the medical field. I will carry **my passion for mental health advocacy** through the rest of my life.

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Resources

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