

First-Step Psychiatry: Primary-Care Playbook

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For family physicians and nurse practitioners in Williams Lake, 100 Mile House, and Quesnel, BC

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About This Playbook

Purpose:

To provide fast, clear, and trustworthy tools that help primary-care clinicians assess and begin first-line management of common child and youth mental-health conditions—safely, effectively, and confidently—especially during Dr Burkey’s 8-month sabbatical.

Scope:

For family physicians, NPs, and the local pediatrician providing care within their usual scope, supported by **Compass BC**, **Foundry**, and **Kelty Mental Health** resources.



ASK – ALIGN – ACT Quick Reference

A **2-minute framework** for difficult or unfamiliar mental-health visits.
When a visit feels unclear or complex—start here.

1 ASK — Start with Curiosity

Purpose: calm things down and find what matters most.

How:

- “What’s been hardest lately?”
- Ask about **impact & function** – school | sleep | friends | family
- Validate emotion – “That sounds exhausting / scary.”
- Identify **safety or risk** concerns early.

Goal: trust + focus – you know what’s most important.

2 ALIGN — Make Sense Together

Purpose: turn problems into a shared understanding.

How:




- Reflect back – “It sounds like the main issue is ...”
- Set 1–2 small, achievable goals.
- Normalize – “This is common; we can help.”
- Admit uncertainty if needed – “We’ll keep figuring this out.”


Goal: shared focus + next target.

3 ACT — Take a Safe, Right-Sized Step

Purpose: end with clarity, not perfection.

How:

- Choose one next step:
 -  Behavioral plan (sleep routine, exposure ladder)
 -  Start first-line med (fluoxetine | methylphenidate | guanfacine)
 -  Give family handouts (Kelty | Anxiety Canada | Rolling With ADHD)

-  If more info needed → do screeners next visit (SCARED | SNAP-IV | PHQ-A)
- Schedule follow-up or call Compass BC for advice.
Goal: a doable plan + confidence for the next step.

Fast Reminders

When you feel ...

Try this ...

Overwhelmed by complexity	Return to ASK – clarify what matters most.
Unsure of diagnosis	Stay in ALIGN – name themes, not labels.
Pressured to fix everything	Move to ACT – one safe step is enough.

ASK–ALIGN–ACT Integrated Framework

ASK: Gather information + build rapport → trust and clarity

ALIGN: Synthesize & formulate → shared understanding

ACT: Plan & follow through → safe next action

Use in three ways:

1. **In a single visit:** guides conversation flow.
 2. **Across visits:** repeat the cycle to track progress.
 3. **In notes:** mirrors SOAP structure for clarity.
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Core Clinical Guides

ADHD – First-Line Approach

Assess	<ul style="list-style-type: none"> ● ≥ 6 months of symptoms in ≥ 2 settings with impairment.
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	<ul style="list-style-type: none"> Exclude sleep, anxiety, trauma, learning issues.
Educate	<ul style="list-style-type: none"> ADHD is neurodevelopmental—not a behavioral failure. Direct parents to RollingWithADHD.ca (online modules for parents)
Treat	<ul style="list-style-type: none"> Start methylphenidate ER (Concerta) 18 mg AM Increase as tolerated q7 days until noticeable benefit. Monitor BP, HR, appetite, sleep.
Follow-up	<ul style="list-style-type: none"> 2–3 weeks: check improvement, side effects, adjust dose Refer if diagnosis uncertain or 2 stimulants fail.
FAQ	<ul style="list-style-type: none"> Vanderbilt/SNAP-IV: 6 or more symptoms in either inattention (Q's 1-9) or hyperactivity/impulsivity (Q's 10-18)

SSRIs – Safe Starts for Anxiety & Depression

When to Start?	<ul style="list-style-type: none"> moderate to severe impairment > 6 weeks Limited improvement or unable to participate in therapy or lifestyle modification
First-line	<ul style="list-style-type: none"> Fluoxetine 10 mg → 20 mg after 1 week Alt: Sertraline 25 → 50 mg after 1 week
Monitor	<ul style="list-style-type: none"> 2–3 week check-in for activation, GI, sleep effects
Continue	<ul style="list-style-type: none"> 6–12 months post-recovery

Refer	<ul style="list-style-type: none"> • <i>Increased</i> suicidality bipolar signs (decreased need for sleep) 2 failed SSRIs
Pearls	<ul style="list-style-type: none"> • Activation = temporary restlessness → reassure; dose AM, consider temporary dose reduction

Anxiety – Behavioral + Medication Steps

Psychoeducation	<ul style="list-style-type: none"> • Anxiety = false alarm; avoidance fuels it.
Behavioral	<ul style="list-style-type: none"> • Build a “bravery ladder” to “face fears” (easy → hard); daily practice.
Medication	<ul style="list-style-type: none"> • Fluoxetine 10 → 20 mg if impairing after behavioral work.
Follow-up	<ul style="list-style-type: none"> • q 3-4 weeks • Refer if increasing school avoidance in spite of treatment
Parent Tip	<ul style="list-style-type: none"> • Model calm; limit reassurance

Sleep – Practical First Steps

Assess	<ul style="list-style-type: none"> • routine, caffeine, screens, anxiety, snoring.
Behavioral	<ul style="list-style-type: none"> • same wake time, no screens 1 h pre-bed, dark/cool room

Medication	<ul style="list-style-type: none"> Melatonin 1–3 mg 1 h before bed (> 6 y); avoid antihistamines or antipsychotics
Explain	<ul style="list-style-type: none"> Habits train the brain better than pills

Irritability / Emotional Dysregulation

Assess	<ul style="list-style-type: none"> Sleep, ADHD, screens, family stress
Parent strategy	<ul style="list-style-type: none"> Emotion coaching – name feelings, validate, set limits, praise recovery.
Medication	<ul style="list-style-type: none"> Optimize stimulant or add Guanfacine XR 1–4 mg HS
Refer	<ul style="list-style-type: none"> persistent aggression, suicidality, ASD or mood disorder
Resource	<ul style="list-style-type: none"> Emotion Focused Family Therapy (caregiver workshop) available through Foundry (in-person or online)

Crisis & Referral Guide (BC)

Scenario	Contact	Notes
Acute safety risk	911 / ER	If imminent harm.
Psychiatric advice	Compass BC 1-855-702-7272	Mon–Fri 9-5 PST.
Youth counselling	Foundry Virtual (foundrybc.ca/virtual) or MCFD Child/Youth Mental Health	Foundry: 7 days 1–9 pm MCFD: Walk-in intake on Thursdays

Indigenous
supports

FNHA Virtual Wellness Hub
1-855-550-5454

8 am–8 pm.

Medication Quick Reference

Medication	Start Dose	Max Dose	Notes
Methylpheni- date ER (Concerta)	<ul style="list-style-type: none">18 mg AM	54 mg	↑ q 7–10 days
Guanfacine XR (Intuniv)	<ul style="list-style-type: none">1 mg HS	4 mg	Sedating; BP monitor; Expensive*
Fluoxetine	<ul style="list-style-type: none">10 mg → 20 mg	40 mg	AM dosing
Sertraline	<ul style="list-style-type: none">25 mg → 50 mg	150 mg	With food
Melatonin	<ul style="list-style-type: none">1–3 mg HS	10 mg	Pharmaceutical grade



Curated Resources

Top Resources for Families

- [Kelty Mental Health](#) – ADHD & Anxiety Toolkits
- [Rolling With ADHD](#) – Free parent modules
- [Anxiety Canada](#) – CBT-based “My Anxiety Plans” for Kids & Teens
- [Foundry BC](#) – Virtual counselling & peer support

Key Clinical Guidelines/References For Clinicians

- Compass BC Provider Portal
- CADDRA ADHD Guidelines (2024)

- CANMAT Youth Depression Guidelines (2023)
 - BC Guidelines: Child & Youth Anxiety / Depression
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Appendix A – ASK–ALIGN–ACT Deeper Dive

ASK

- Lead with curiosity.
- Clarify function, context, and risk without rushing to labels.
Outcome: trust + priorities.

ALIGN

- Reflect themes and normalize struggle.
- Co-set 1 functional goal before treatment.
Outcome: shared understanding + direction.

ACT

- Pick a small, safe, evidence-based step.
 - Reassess in 2–4 weeks and iterate.
Outcome: clear plan + sustained momentum.
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Closing Note

Every step you take to ASK, ALIGN, and ACT within your scope adds real value for children, youth, and families in our region— and builds a stronger, more confident primary-care system for the future.