

Mental Health RECOMMENDATION Form

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Record ID

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ECHO Autism Mental Health

Recommendations Form

**Rachel Loftin, PhD; Alexander Westphal, MD, PhD;
Matt Waggoner, PLPC; Ellie Madigan, Family Advocate;
Lindsey Nebeker, Autistic Consultant**

Email our clinic coordinator **Brandy Dickey** at dickeyb@missouri.edu if you have any questions or comments.

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any UMH clinician and any patient whose case is being presented in a Project ECHO setting.

ECHO ID: MH051

Presenting Clinician: Sarah Banton

Presentation Date: 2023-12-11

Presentation Type: New

Presenting Question:

* must provide value

Sarah is struggling with some CBT techniques because the client can get stuck on particular topics. The client is having difficulty with peers and is bullied. He views his autism as a "crippling disability". When upset or when he feel justified by a situation, he can lash out verbally and, in rare cases, even physically.

Additional Identified Concerns:

Understanding cultural implications of his Pilipino roots.

After review of information provided and discussion of the case, the following recommendations are provided:

1)

- Psychoeducation about autism. Both the client and the parent would benefit from psychoeducation about autism and the elements which are just parts of who he is, as well as the elements which are more behaviors that he can adapt if appropriate to do so. This [https://researchautism.org/blog/tips-by-a-teen-for-teens-on-understanding-autism/?gad_source=1&gclid=CjwKCAiAg9urBhB_EiwAgw88mdFy44o0jC5iaqMNYJ2CIRi-dXs7w5xiOhvjgANe535EifC4d6qpThoCVioQAvD_BwE] is one link that may be useful. There is a lot of great information out there from self-advocates which may be helpful!
- There's a lot you can do with CBT to make it better fit his cognitive style. This young man is very verbally mediated and seems to like to organize social information. Visual supports can help him see how to organize social information. Use graphs, charts, and other visual displays to help him make sense of the information you are discussing and the social expectations. He may also enjoy social stories, comic book conversations.
- Make schedules for the session and refer back to them frequently to keep things on track. It can help to introduce the schedule by explaining that you want to stay focused to cover the information that will be most helpful for the client.
- Consider making a matrix to show expected behavior by setting. If you search "behavior matrix PBIS", you'll see some examples from schools. How I think it could help your client is a little different. Down the right side of that page, I'd list settings he can go into (school, church, home, therapy, etc.) and then across the top, list categories of behavior (talking about private parts, singing, running, drawing, etc.). Then you can go square by square and fill in the rule for that setting.
- You can also have him match behavior by setting like a card game. Write the names of common settings down on pieces of paper (church, home, school, therapy, playground, etc.), then write specific statements about behaviors on sticky notes (it's ok to be yell here, it's a safe place to talk about sex, etc) then have him match the index card to the setting.
- Develop concrete plans and scripts for when people touch his things or other triggers happen. The plan should include a script and clear directions for what to do. The trick will be to help him work backwards to the smallest piece of the trigger and act then, before he is too upset to take appropriate action.
- Consider using more validation than you may typically use. Some tweens with strong personalities are seeking it.
- When you coordinate with school, it will be important to note whether he has an IEP. If he does not, it may be appropriate to help the mother advocate for one. It can be protective in the event that he gets into behavior trouble, and he doesn't have to be struggling academically to qualify as long as there is social and/or adaptive need. There certainly is!

2)

This was an amazing case. Here are my recommendations:

- 1) Make a referral to the Central Missouri Regional Office. The Intake Department can be reached at 573-441-6278. The map will let you know if case management is available for a non-medicaid client or if they will be referred to my program.
 - a. He could access Autism Project Funding
 - b. Mom may benefit from participating in Tools for Everyone.
- 2) Utilizing some play therapy techniques to help him learn some new skills and understand social struggles.
- 3) I would encourage the therapist to work in conjunction with any Autism service provider, should he gain access through the Department of Mental Health/ Division of DD.

3)

Recommendations:

Make communication with patient School school, therapist and teachers to see what they can tell you about his behavior at school

Inform the mother of different programs around town. They can help people with ASD in regards to social peer interaction

Set up boundaries of what's appropriate and inappropriate to talk about inside and outside of the therapy room, whom School, etc. Keep reiterating to the patient that some language is appropriate or not appropriate for social situations.

Keep Redirecting patient in regards to getting off topic as examples you gave with the gardening and the flowers.

4)

Behavioral Origins

Explore the potential influence of learned behavior, particularly from family, on his violent tendencies. Consider any co-existing medical conditions, especially gastrointestinal and sensory issues impacting his behavior at home, school, and other environments.

Timely Intervention

Urgently address these concerns before puberty exacerbates aggression issues.

School

Gather information about available educational plans (IEP, 504) and other possible accommodations to support his learning.

Therapeutic Interventions

Play Therapy

Sensory Integration Therapy: A potential avenue to address sensory issues that might be triggering his behavior.

Visual Tools and Social Stories

Use visuals and social stories to illustrate boundaries and appropriate behavior, including discussions around sexuality.

Support for the Client's Mother

Encourage his mother to seek support for herself, as her challenges with setting limits, boundaries, and communication might influence his behavior.

Books

Adolescents on the Autism Spectrum: A Parent's Guide to the Cognitive, Social, Physical, and Transition Needs of Teenagers with Autism Spectrum Disorders: <https://a.co/d/2CRhclH>

The Growing Up Book for Boys: What Boys on the Autism Spectrum Need to Know: <https://a.co/d/1C0KnZ1>

Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism: <https://a.co/d/65r5Ww1>

Taking Care of Myself2: for Teenagers and Young Adults with ASD: <https://a.co/d/fOOwsYY>

5)

This client seems to be very intelligent and a good communicator, which cuts both ways. The negatives are complicated - his vulnerabilities may be obscured with multiple implications. In particular, others may be surprised when he does immature things, or things which lack judgment and seem to be callous. And he may be missing much more than is apparent. It sounds like he has got a long way with adults on the basis of his idiosyncratic, charming presentation, but less so with other kids. As he ages, and becomes more adult like, the things which set him apart to adults may disappear, with a concomitant reduction in how warmly he is received (i.e., by teachers). This would amplify his problems, particularly if he is already struggling with his peers. Additionally when you superimpose the challenges of adolescence on this, I am concerned that you will see increases in anxiety and depression. I also think there are subtle warnings that he may have issues down the road with appropriate interactions around romantic / sexual interests. My overarching recommendation is to prepare him as best you can on these various areas. I think that openly discussing depression, anxiety, why he may be vulnerable, what to anticipate socially, as well as focussing closely on sexual topics and appropriate boundaries may pay dividends down the road.

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The following toolkits/resources may be helpful:

General ASD Information

- Learn the Signs Act Early
- What is Autism Toolkit
- Parents Guide to Autism
- G. Parents Guide to Autism ATN
- 100 Day Kit
- The mental health guide for autistic college students: https://www.vanderbilt.edu/autismandinnovation/wp-content/blogs.dir/2498/files/sites/342/2022/06/College_Mental_Health_Guide_-_Full_graphics.pdf
- For autistic women: <https://www.vanderbilt.edu/autismandinnovation/for-autistic-women/>
- Autistic fatigue/burnout: <https://www.autism.org.uk/advice-and-guidance/topics/mental-health/autistic-fatigue/autistic-adults>
- Reading list: <https://www.autism.org.uk/advice-and-guidance/topics/mental-health/autistic-fatigue/autistic-adults>
- Intro to Neurodiversity Autism Perspective: <https://neuroclastic.com/autism-101-resources-from-the-autistic-community/>
- Masking: <https://neuroclastic.com/masking-and-mental-health-implications/>

Medical

- Constipation Toolkit ATN
- Dental Guide
- Feeding Toolkit
- Sleep Toolkit
- Sleep Toolkit for Teens
- Toilet Training Guide

Medications

- Melatonin Toolkit
- Medication Decision Aid
- Safe Medication Toolkit

Behavior

- ADHD Toolkit
- Anxiety Toolkit
- Applied Behavior Analysis Guide
- Behavior Guide
- Challenging Behaviors Toolkit
- Haircutting Toolkit
- Pica Toolkit
- Visual Supports

Adolescent/Transition

- Healthy Bodies for Boys
- Healthy Bodies for Girls
- Puberty/Adolescent Toolkit

Safety

- Big Red Safety Toolkit

Websites

- Autism Navigator - www.autismnavigator.com
- Essentials for Parenting Toddlers and Preschoolers - <https://www.cdc.gov/parents/essentials/videos/index.html>
- OCALI - www.ocali.org

Additional comments and recommendations:

Sarah did an excellent job presenting this case!

We recommend that you present this case again in:

not necessary, unless you have new information and wol

Signature: *Rachel Loftin PhD.*

Date:

12-20-2023

M-D-Y

Form Status

Complete?

Complete ▼