

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: MH053

Presenting Clinician: Sherry James

Presentation Date: 2024-01-22

Presentation Type: New

Presenting Question:

* must provide value

The child has an extensive trauma history, as well as a current chaotic and neglectful environment. The client resists many therapeutic conversations, as well as strategies.

Additional Identified Concerns:

The client expresses fluctuating gender identity.

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

1)

There are substantial concerns about this child's safety and well-being. It makes sense to be in communication with the child protective services team and to share relevant information. In particular, I am curious to know whether the grandfather's house is an option for placement. I realize he works so time but so do many parents!

Consider that the Resident Evil characters may be stand-ins for the ability to communicate about internal experiences and emotions. The client seems to have some problem expressing internal experiences in age appropriate ways. They can cry and voice basic emotions, but there doesn't seem to be much emotional vocabulary beyond that. Sometimes a character can be a short-hand for this content. I'd suggest talking with the client about what a particular character's psychological characteristics are and how those may affect the client. [I just saw a Broadway show about autistic young adults, starring autistic young adults (How to Dance in Ohio), and one of them was someone who tried on different personas based on how they felt that day. The character also did not have a clear sense of gender identity.

Many of the client's avoidance behaviors in session sound like protective steps to keep from talking about challenging emotional experiences. Changing names and pronouns may reflect true gender needs and in someone with a traumatic past, these requests can also be a way of sifting through to identify who is safe and invested. I'd suggest making a strong effort to use the names and pronouns that the client prefers, as this will help create a safe environment.

Positive sources of influence may include neurodiversity groups, LGBTQ+ groups, and other places where the client can build a sense of community.

Motivational interviewing and DBT are suggested, in addition to the very important step of building the client's ability to identify and discuss emotional experiences.

I have a lot of skepticism about the diagnoses that were applied along with autism. It is very difficult to diagnose trauma in autistic teens, and trauma can often present like ADHD or anxiety. This has relevance for medications. I would advise caution with medications, particularly because the client may have other psychiatric conditions which can be worsened with the wrong medication.

People with trauma histories, especially those who are so self-protective, can be very difficult to work with. Find supportive colleagues and ample opportunities to talk about your experiences and reactions to the client to be sure that the stress of the case doesn't affect your wellbeing.

2)

Exploring Coping Mechanisms:

It seems the client may be using a coping mechanism-re-enacting scenes from Resident Evil and taking on different roles. This is common among autistic individuals who experience PTSD. This behavior might be linked to experiencing flashbacks in response to ongoing trauma (with the family dynamics that are currently going on).

Expanding the Safe Space:

To make significant progress in trauma work, consider extending the concept of a safe space beyond therapy sessions. Highlight the necessity of a secure environment for the client's well-being.

Prioritizing Family Dynamics:

Addressing family issues is key to the therapeutic process. Discuss strategies for navigating and resolving these dynamics effectively. The mother needs to be willing to actively participate in addressing this issue (whether it be under her own professional supports, etc.).

Understanding Interviewing Techniques:

It's probably worth to explore what techniques CD investigators use to interview the client, especially regarding her denial of physical abuse. There may be a need for less confrontational approaches that respect her autonomy, considering her fears of potential separation from her mom.

Providing Trans and Autism Resources:

In order to better support the client's identity, consider exploring resources related to being transgender and autistic. I recommend looking into the Autistic Women and Nonbinary Network. <https://awnnetwork.org/>

Books on DBT Skills for Neurodivergent Individuals:

The Neurodivergent Friendly Workbook of DBT Skills <https://a.co/d/35trgcL>

The Neurodivergent Friendly Workbook of DBT Techniques: Using DBT to Manage Anxiety, Stress, Autism, ADHD, and Promote Well-Being <https://a.co/d/5ZpykCR>

The Neurodivergent Friendly Workbook to Mastering DBT Skills: Empower Yourself with Practical Tools and Strategies for Navigating Life's Challenges and Achieving Emotional Well-Being <https://a.co/d/5mFGu3v>

The Neurodivergent Friendly DBT Workbook for Self-Help: Individual and Group Settings - Expanded Dialectical Behavior Therapy Skills Training Manual <https://a.co/d/1Sqa9Qy>

3)

Look into Sparks, it is a DBT "light" system that is geared for much younger participants. It is manualized and has easy to read pages.

It goes without saying but for lasting change to be available, they will need the support of a more stable household. I am concerned that they will not be able manage some of their symptoms without the assistance of medications. Perhaps look at what makes them so successful at school and explore how they can generalize some that to other areas of life.

4)

I am concerned that the major issue here is trauma. I am interested in the formulation of multiple personality disorder/dissociative identity disorder in the context of trauma and autism. It's such a tough thing to tease apart. Knowing whether the role playing/focus on characters is related to ASD and should be celebrated, i.e., as Ellie said she may find her tribe through this.... versus what is related to trauma and regressive? It sounds like this may be the case from the way she scrolls through them in therapy sessions. Her attempts to control sessions sound like an attempt to control her environment which reinforces the trauma explanation. Her level of regression - bed wetting - hygiene - unstable - yelling - etc make me worry about psychosis, but also c/w trauma. I think teasing all of this apart will really be fundamental to knowing which way to go in the future. Meds may be down the road, but I think the first step is the diagnosis.

5)

I would keep up the journaling with your client. I think that's awesome.

Look for strong role models for your client to look up to either in books, movies, comic strips, etc. anything that might help her feel part of something not so alone and not so anxious.

See if maybe there are some drama clubs your client can join outside of school to where she can meet a broader group of people that will help her give her a sense of community and maybe more people to rely on and keep her mind off of her family life.

I agree wholeheartedly with Matt that the family needs to take a concerted effort into becoming a help for this girl she needs her family behind her to help with her therapies medication, etc.

6)

7)

8)

9)

10)

11)

12)

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:

Many useful links included in Lindsay's recs.

We recommend that you present this case again in:

Signature: *Rachel Loftin PhD.*

Date:

01-24-2024

M-D-Y

Form Status

Complete?

Complete ▼